

State: Virginia **Filing Company:** Lincoln Benefit Life Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Filing at a Glance

Company: Lincoln Benefit Life Company
Product Name: SENIOR LINC
State: Virginia
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Form/Rate
Date Submitted: 10/21/2016
SERFF Tr Num: LFCR-130778344
SERFF Status: Closed-Approved and Filed
State Tr Num: LFCR-130778344
State Status: Approved & Filed
Co Tr Num: VA LB-6301 2015 RATE INCREASE RS

Implementation: On Approval
Date Requested:
Author(s): Scarlett Nazari, Anoush Chngidakyan, Darlene Smith
Reviewer(s): Bobby Toone (primary)
Disposition Date: 09/02/2020
Disposition Status: Approved and Filed
Implementation Date:

State: Virginia

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 03/23/2016

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 09/02/2020

State Status Changed: 09/02/2020

Deemer Date: 08/08/2020

Created By: Darlene Smith

Submitted By: Darlene Smith

Corresponding Filing Tracking Number: LFCR-130778152

State TOI: LTC03I Individual Long Term Care

Filing Description:

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Filing Company: Lincoln Benefit Life Company

October 21, 2016

Commissioner Jacqueline K. Cunningham
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re:Lincoln Benefit Life Company
NAIC No: 65595
Policy Forms: LB-6301-P-VA, LB-6302-P-VA, LB-6303-P-VA (Q)&(NQ) Guaranteed Renewable Long Term Care Policy

Dear Commissioner Jacqueline K. Cunningham:

This rate filing is submitted on behalf of Lincoln Benefit Life Company for your review.

The above forms are existing individual policy forms providing benefits for confinement in a qualified Nursing Facility, Assisted Living Facility, or for Home Health Care. These forms were approved in 1998 and issued between 1998 and 2004. It is no longer being marketed in any state.

The company is requesting the approval of a 50% rate increase on the base rates for lifetime pay policies issued on or after October 1, 2003. The details of the rate increases are in the actuarial memorandum.

The company will provide several options to the policyholders to reduce the impact of the rate increase:

- Reduce the daily benefits, subject to a minimum of \$20
- Change benefit options to lower the premium
- Offer a paid up option which provides a benefit pool equal to the premiums paid

The following items are included in this submission:

- This cover letter
- A letter from Lincoln Benefit Life Company authorizing us to submit this filing on their behalf
- An actuarial memorandum and rate schedules
- Policyholder Notice of Rate Increase Letter & Coverage Change Request Form
- Plus any other state required forms

The contact person for this filing is:

Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367
800-366-5463 ext. 2232
Xiaoyan.Song@LifeCareAssurance.com

Thank you for your assistance in reviewing this filing.

SERFF Tracking #: LFCR-130778344

State Tracking #: LFCR-130778344

Company Tracking #: VA LB-6301 2015 RATE
INCREASE RS

State: Virginia **Filing Company:** Lincoln Benefit Life Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Sincerely,

Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary

Company and Contact

Filing Contact Information

Scarlett Nazari, Manager Product Filing scarlett.nazari@lifecareassurance.com
P.O. Box 4243 818-867-2453 [Phone]
Woodland Hills, CA 91365-4243 818-867-2508 [FAX]

Filing Company Information

(This filing was made by a third party - LCA01)

Lincoln Benefit Life Company	CoCode: 65595	State of Domicile: Nebraska
Long Term Care Administrative	Group Code: 4815	Company Type:
Office	Group Name:	State ID Number:
P.O. Box 4243	FEIN Number: 47-0221457	
Woodland Hills, CA 91365-4243		
(818) 867-2450 ext. [Phone]		

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: Virginia Filing Company: Lincoln Benefit Life Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: SENIOR LINC
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Bobby Toone	09/02/2020	09/02/2020

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bobby Toone	07/06/2020	07/06/2020
Info has been requested from company	Bobby Toone	01/21/2020	01/21/2020
Info has been requested from company	Bobby Toone	07/24/2019	07/24/2019
Info has been requested from company	Bobby Toone	07/11/2019	07/11/2019
Info has been requested from company	Bobby Toone	06/28/2019	06/28/2019
Info has been requested from company	Bobby Toone	05/31/2019	05/31/2019
Info has been requested from company	Bobby Toone	05/14/2019	05/14/2019
Info has been requested from company	Bobby Toone	04/24/2019	04/24/2019
Info has been requested from company	Bobby Toone	04/02/2019	04/02/2019
Info has been requested from company	Bobby Toone	03/08/2019	03/08/2019

Response Letters

Responded By	Created On	Date Submitted
Darlene Smith	07/09/2020	07/09/2020
Darlene Smith	01/27/2020	01/28/2020
Darlene Smith	07/24/2019	07/24/2019
Scarlett Nazari	07/25/2019	07/25/2019
Darlene Smith	06/28/2019	06/28/2019
Darlene Smith	05/31/2019	05/31/2019
Darlene Smith	05/21/2019	05/21/2019
Darlene Smith	05/21/2019	05/21/2019
Darlene Smith	04/08/2019	04/08/2019
Scarlett Nazari	03/18/2019	03/18/2019

State: Virginia Filing Company: Lincoln Benefit Life Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: SENIOR LINC
 Project Name/Number: /

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Greg Smith	10/02/2018	10/02/2018
Info has been requested from company	Janet Houser	12/21/2017	12/21/2017
Info has been requested from company	Janet Houser	11/15/2017	11/15/2017
Disapproved	Toni Janoski	11/10/2016	11/15/2016

Response Letters

Responded By	Created On	Date Submitted
Darlene Smith	11/21/2018	11/21/2018
Scarlett Nazari	12/21/2017	12/21/2017
Darlene Smith	12/13/2017	12/13/2017
Darlene Smith	10/30/2017	10/31/2017

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	L&H Actuarial Memorandum	Darlene Smith	10/21/2016	10/21/2016

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status Request	Note To Filer	Bobby Toone	09/02/2020	09/02/2020
Status Request	Note To Reviewer	Darlene Smith	08/31/2020	09/01/2020
Status Request	Note To Reviewer	Darlene Smith	07/02/2020	07/02/2020
Regarding 7-9-19 Conference Call	Note To Reviewer	Darlene Smith	07/10/2019	07/10/2019
Response to Status Request of 6/27/28	Note To Filer	Greg Smith	07/02/2018	07/02/2018
Status Request	Note To Reviewer	Scarlett Nazari	06/27/2018	06/27/2018
RRS	Reviewer Note	Bobby Toone	10/15/2018	

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Disposition

Disposition Date: 09/02/2020

Implementation Date:

Status: Approved and Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Lincoln Benefit Life Company	230.000%	50.000%	\$57,465	47	\$114,930	50.000%	50.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document (revised)	L&H Readability - Health	Received & Acknowledged	Yes
Supporting Document	L&H Readability - Health	Withdrawn	No
Supporting Document (revised)	TPA Authorization Letter	Received & Acknowledged	Yes
Supporting Document	TPA Authorization Letter	Withdrawn	No
Supporting Document	LB6301 Virginia (Rate Increase filing) Endorsement SOV	Received & Acknowledged	Yes
Supporting Document (revised)	Customer Notice	Received & Acknowledged	Yes
Supporting Document	Customer Notice	Withdrawn	No
Supporting Document	Coverage Change Request Form	Withdrawn	No
Supporting Document	Customer Notice	Withdrawn	No
Supporting Document (revised)	Customer Notice SOV	Received & Acknowledged	Yes
Supporting Document	Customer Notice SOV	Withdrawn	No
Supporting Document	Customer Notice SOV	Withdrawn	No
Supporting Document	Customer Notice SOV	Withdrawn	No

State: Virginia Filing Company: Lincoln Benefit Life Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: SENIOR LINC
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Endorsements	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA Response Attachment (RS)	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA Current Rates (RS)	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA RS Response Letter 10 16 17	Received & Acknowledged	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Customer Notice	Withdrawn	No
Supporting Document	Customer Notice SOV	Withdrawn	No
Supporting Document	LB-6301 VA RS Response Letter 12 01 17	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA Response Attachment (RS) 12 01 17	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA RS Response Letter 12 21 17	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA RS Response Letter 10 02 18	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA RS Response Letter 03 08 19	Received & Acknowledged	Yes
Supporting Document	LB-6301 Rate Increase History as of 04 02 19	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA RS Response Letter 04 02 19	Received & Acknowledged	Yes
Supporting Document (revised)	LB-6301-VA-CNF (John Doe) & LB-6301-VA-NF (John Doe)	Received & Acknowledged	Yes
Supporting Document	LB-6301-VA-CNF (John Doe) & LB-6301-VA-NF (John Doe)	Withdrawn	No
Supporting Document	LB-6301 VA RS Response Letter 04 24 19	Received & Acknowledged	Yes
Supporting Document	Coverage Change Request Forms	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA RS Response Letter 05 14 19	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA RS Response Letter 05 31 19	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA RS Response Letter 06 28 19	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA RS Response Letter 07 24 19	Received & Acknowledged	Yes
Supporting Document	LB-6301-VA-CNF-CCR (John Doe) & LB-6301-VA-NF-CCR (John Doe)	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA RS Response Letter 07 11 19	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA RS Response Letter 01 21 20	Received & Acknowledged	Yes
Supporting Document	LB-6301 VA RS Response Letter 07 06 20	Received & Acknowledged	Yes
Form (revised)	ENDORSEMENT	Withdrawn	Yes
Form (revised)	ENDORSEMENT	Withdrawn	Yes

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Form (revised)	Customer Notice	Filed	Yes
Form	Customer Notice	Withdrawn	No
Form	Customer Notice	Withdrawn	No
Form	Customer Notice	Withdrawn	No
Form (revised)	Customer Notice	Filed	Yes
Form	Customer Notice	Withdrawn	No
Form	Customer Notice	Withdrawn	No
Form	Customer Notice	Withdrawn	No
Form	ENDORSEMENT	Withdrawn	No
Form	ENDORSEMENT	Withdrawn	No
Rate (revised)	LB-6301 VA Proposed Rates (RS)	Approved	Yes
Rate	LB-6301 VA Proposed Rates (RS)	Withdrawn	No
Rate	LB-6301 VA (RS) Proposed Rates	Withdrawn	No
Rate	LB-6301 VA (RS) Proposed Rates	Withdrawn	No

State: Virginia Filing Company: Lincoln Benefit Life Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/06/2020
Submitted Date	07/06/2020
Respond By Date	07/20/2020

Dear Scarlett Nazari,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Customer Notice, LB-6301-VA-CNF (Form)
- Customer Notice, LB-6301-VA-NF (Form)

Comments: The Bureau of Insurance's website has changed. Please use the site shown here:

<https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>

Objection 2

- LB-6301-VA-CNF (John Doe) & LB-6301-VA-NF (John Doe) (Supporting Document)

Comments: Please submit revised "John Doe" letters to include any revisions made since the forms were initially submitted.

Objection 3

- Customer Notice, LB-6301-VA-CNF (Form)
- Customer Notice, LB-6301-VA-NF (Form)

Comments: Please remove the yellow high-lighting from both forms.

Objection 4

- Customer Notice SOV (Supporting Document)

Comments: In the section of the SOV titled First Paragraph, please expand the description to include verification that the SOV will be revised and resubmitted should different language be required.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

SERFF Tracking #: LFCR-130778344

State Tracking #: LFCR-130778344

Company Tracking #: VA LB-6301 2015 RATE
INCREASE RS

State: Virginia

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

Thank you for your courtesy and consideration in this matter.

Sincerely,

Bobby Toone

State: Virginia **Filing Company:** Lincoln Benefit Life Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/21/2020
Submitted Date	01/21/2020
Respond By Date	02/20/2020

Dear Scarlett Nazari,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the current national cumulative average increase, and what that average would be if all outstanding rate increase requests were approved for the full amount.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Filing Company: Lincoln Benefit Life Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/24/2019
Submitted Date	07/24/2019
Respond By Date	07/26/2019

Dear Scarlett Nazari,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Coverage Change Request Forms (Supporting Document)

Comments: Since the Coverage Change Request forms are included in the policyholder letters as relevant information, please submit a John Doe version of these forms.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Filing Company: Lincoln Benefit Life Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/11/2019
Submitted Date	07/11/2019
Respond By Date	07/25/2019

Dear Scarlett Nazari,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Bureau has a concern that the requested rate increase would put Virginia notably above the national cumulative average. Our perception is that to approve your requested increase could potentially put an undue premium burden on Virginia policyholders when compared with other states. With this consideration, we ask that you consider revising your request to 40%.

As a separate point, please be aware that we also have the ability to approve implementation of a rate increase over two or three years if requested.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia Filing Company: Lincoln Benefit Life Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/28/2019
Submitted Date	06/28/2019
Respond By Date	07/12/2019

Dear Scarlett Nazari,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in deta

Objection 1

- Customer Notice, LB-6301-VA-CNF (Form)
- Customer Notice, LB-6301-VA-NF (Form)

Comments: The Bureau of Insurance does not feel the Customer Notification Letters meet the "prominence" requirement of 14VAC5-100-540 2. An acceptable option would be to have the name of the company in the first line of the letter (after the word "re") be shown in bold print.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Filing Company: Lincoln Benefit Life Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/31/2019
Submitted Date	05/31/2019
Respond By Date	06/30/2019

Dear Scarlett Nazari,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Coverage Change Request Forms (Supporting Document)

Comments: We could not determine when forms LB-6301-VA-CNF-CCR.pdf and LB-6301-VA-NF-CCR.pdf were originally approved. Please provide the SERFF tracking number under which these forms were originally submitted for approval. If they haven't been approved, please move them to the Forms Schedule for review and approval.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised information necessary to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia Filing Company: Lincoln Benefit Life Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/14/2019
Submitted Date	05/14/2019
Respond By Date	06/13/2019

Dear Scarlett Nazari,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Customer Notice SOV (Supporting Document)
- Customer Notice, LB-6301-VA-CNF (Form)
- Customer Notice, LB-6301-VA-NF (Form)

Comments: 1) Every field intended to be considered as variable must be bracketed and described in the statement of variability (SOV). The first several fields appearing in the forms including Date, Owners Name, Policy Number, etc., are intended to be variable. Even though these fields are self-explanatory they must be bracketed and described in the SOV.

2) The SOV states that there is a variable field indicated as [XX%] that will appear in the second paragraph. Please advise if the 50% figure is that field. If so, that field should be bracketed. If not, please identify the field to which you refer.

Objection 2

- Customer Notice SOV (Supporting Document)
- Customer Notice, LB-6301-VA-CNF (Form)

Comments: As stated above, all fields intended to be variable must be bracketed. The SOV states that a section of the first paragraph is intended to be variable. Please bracket the applicable section.

Objection 3

- Customer Notice SOV (Supporting Document)

Comments: The SOV contains a reference to a Coverage Change Request Form. Since this form is not attached to this filing, please attach the referenced forms to Supporting Documentation.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised information necessary to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

SERFF Tracking #: LFCR-130778344

State Tracking #: LFCR-130778344

Company Tracking #: VA LB-6301 2015 RATE
INCREASE RS

State: Virginia

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

Thank you for your courtesy and consideration in this matter.

Sincerely,

Bobby Toone

State: Virginia **Filing Company:** Lincoln Benefit Life Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/24/2019
Submitted Date	04/24/2019
Respond By Date	05/24/2019

Dear Scarlett Nazari,

Introduction:

Thank you for your previous response, however, one or more items included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- LB-6301 VA RS Response Letter 10 02 18 (Supporting Document)

Comments: Please move the revised Customer Notification Letters to the Forms Schedule for continued review.

Objection 2

- Customer Notice (Supporting Document)

Comments: 14VAC5-100-50 2 requires that the full and proper name of the insurer shall prominently appear on the cover sheet of all policies, certificates, riders, endorsements, applications and other forms required to be submitted pursuant to §§ 38.2-316 and 38.2-3725 of the Code of Virginia. The home office address of the insurer should also be included on each form. The address may be limited to the city and state of the insurer's home office.

Please revise the Policyholder Notification letters to comply with the regulation.

Objection 3

- TPA Authorization Letter (Supporting Document)

Comments: For clarity, please explain the relationship between Resolution Life, LifeCare Assurance, and Lincoln Benefit Life Company. It's unclear why a letter from Lincoln Benefit giving LifeCare authority to submit filings would be written on Resolution Life letterhead.

Objection 4

- Customer Notice (Supporting Document)

Comments: Please provide the Readability Certification for the revised Policyholder Notifications.

Objection 5

- Customer Notice (Supporting Document)

Comments: In compliance with 14VAC5-100-50 3, please submit a copy of each Policyholder Notification letter sufficiently completed in "John Doe" fashion to indicate how it is intended to be used.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised information necessary to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

State: Virginia**Filing Company:** Lincoln Benefit Life Company**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified**Product Name:** SENIOR LINC**Project Name/Number:** /

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Filing Company: Lincoln Benefit Life Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/02/2019
Submitted Date	04/02/2019
Respond By Date	05/02/2019

Dear Scarlett Nazari,

Introduction:

Thank you for your previous response, however, one or more items included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide an updated cumulative approved rate increases in each state.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: What would the nationwide cumulative rate increase be if all outstanding rate increase were approved?

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised information necessary to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Filing Company: Lincoln Benefit Life Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/08/2019
Submitted Date	03/08/2019
Respond By Date	04/07/2019

Dear Scarlett Nazari,

Introduction:

Thank you for your response, however one or more items included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Customer Notice, LB-6301-VA-CNF (Form)
- Customer Notice, LB-6301-VA-NF (Form)

Comments: Both Customer Notices refer to a Coverage Change Request Form. Please submit this form for approval, or provide the SERFF tracking number when this form was originally submitted for approval.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised information necessary to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia Filing Company: Lincoln Benefit Life Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 10/02/2018
Submitted Date 10/02/2018
Respond By Date

Dear Scarlett Nazari,

Introduction:

During our review, we noted the following issues and/or need addition information to continue.

Note, any revisions, modifications, or changes of any type to the filing not specifically requested by us should be brought to our attention upon resubmission and explained in detail.

Objection 1

- Customer Notice SOV (Supporting Document)

Comments: In accordance with 14VAC5-200-75 A 1, please provide a statement that plainly states that the policy may be subject to rate increases in the future.

Objection 2

- Customer Notice, LB-6301-VA-CNF (Form)

- Customer Notice, LB-6301-VA-NF (Form)

Comments: If the company has intentions of using this letter for subsequent rate increases it is recommended that the percent increase figure be in brackets to allow for future use.

If this letter is to be used in the future, the reasons given for the rate increase should also be bracketed to allow for different reasons to be used.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please calculate the total percentage of premiums paid over the life of these policies.

Conclusion:

We will be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Should you need clarification, please contact me.

Thank you for your courtesy and prompt response.

Greg Smith, Principal Insurance Market Examiner

Sincerely,
Greg Smith

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Filing Company: Lincoln Benefit Life Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/21/2017
Submitted Date	12/21/2017
Respond By Date	

Dear Scarlett Nazari,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

1. Please identify the amount of Active Life Reserves related to these policies and include the Active Life Reserves in the determination of the anticipated future loss ratio.

2. Please advise if any partnership policies have been issued under any of these policy forms. If that is the case, the policyholder letter should provide a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections. Because this is a disclosure, such information should be emphasized such as by highlighting, bolding or using larger print to bring attention to this information.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Filing Company: Lincoln Benefit Life Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/15/2017
Submitted Date	11/15/2017
Respond By Date	

Dear Scarlett Nazari,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

Objection 1

- LB-6301 VA (RS) Proposed Rates, [LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)] (Rate)

Comments: Through an error on our part, we indicated the percent rate change request on the Rate/Rule Schedule should be listed as 25% under the Rate Action Information column. This should actually be 50% which is the requested increase in this submission. We apologize for any inconvenience of confusion this may have caused.

Objection 2

- Customer Notice (Supporting Document)

Comments: Please attach LB-6301-VA-NF and LB-6301-VA- CNF to the Form Schedule for review. The Company provided a third letter, Form LB-6301 VA Customer Notice WOP, which is not needed as the issue regarding waiver of premium is addressed in each of the other letters, agreed?

The Company has indicated it may be willing to implement as a series of increases; and if this should occur, the letters would need to be amended accordingly. Before making such changes, the Company may wish to wait until we are closer to finalizing the filing and the percentage of the increase.

Please advise if the Coverage Change forms are attached and made a part of the policy. If not, those forms may remain in Supporting Documentation; otherwise, those forms will need to be attached to the Form Schedule in SERFF for review and approval.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Our 11/10/2016 objection letter contained an objection which should be withdrawn: "According to the filing, limited-pay contracts will not be affected by the rate schedule change. The memorandum states the experience is for lifetime-pay policies only. Please revise the experience and projections to include all post stability contracts when demonstrating these policy forms are compliant with loss ratio standards as set forth in 14 VAC 5-200-153 C 2 which states: premium rate increases will be determined based on the sum of the accumulated value of incurred claims and present value of future projected incurred claims (without inclusion of active life reserves) will not be less than the sum of the following: 1. the accumulated value of the initial earned premium times 58%; 2) 85% of the accumulated value of prior premium rate schedule increases on an earned basis; 3) present value of future projected initial earned premium times 58%; and 4) 85% of the present value of future projected premiums not included in subsection c of this subsection on an earned basis."

The Company provided the correct information originally by excluding data for all paid-up policies and we sincerely apologize for the inconvenience and confusion this may have caused the Company in complying with our previous request.

After further review of the additional information provided, please respond to the following:

State: Virginia **Filing Company:** Lincoln Benefit Life Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

1. For purposes of the test required by 14VAC5-200-153.B.2.:

- a. All nationwide projections used in this test should use the premiums restated to the Virginia rate level.
- b. The Bureau requires that projections utilize the original pricing loss ratio (calculated at the same interest rate used in the testing) if higher than the stipulated 58% or 85%.
- c. The projection after the increase should not include shock lapses or benefit reductions.
- d. Please also provide all supporting projections for the numbers used in this demonstration.

2. It seems logical that an assumption for shock lapse and benefit reduction related to a rate increase should have a factor recognizing the magnitude of the rate increase. Comparing this assumption in several filings made by the company, it does not appear that the assumptions being used contain any such adjustment. Please explain.

3. Please expand Attachment 3g to include the cumulative approved rate increases in each state including all prior increases, and the inforce premium amount in each state.

4. Please provide the actual-to-expected analysis for morbidity incidence and terminations based on the current best-estimate assumptions.

5. Please confirm that 4.5% is the average valuation interest rate for the inforce policies covered by this filing.

Objection 4

- LB-6301 VA (RS) Proposed Rates, [LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)] (Rate)

Comments: According to your response riders will not be affected by the rate increase. Although the rate factors may not be changing, the premium for that rider will increase as a result of the change in the base rate. As a result, each of those rider form numbers should be included in the Affected Form Number column in SERFF. Please update the Rate/Rule Schedule accordingly and indicate which rider form numbers apply to each rider on the rate attachment.

The rider form numbers should also be added to the Rate Request Summary

Objection 5

- Customer Notice (Supporting Document)

Comments: As previously mentioned, the company intends to use forms previously approved under LFCR-130038440. In addition to LB-E-BR-VA and LB-E-NF-VA, there is another form LF-E-CNF-VA. Please confirm this form will also be used as needed.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Filing Company: Lincoln Benefit Life Company

Objection Letter

Objection Letter Status Disapproved
Objection Letter Date 11/10/2016
Submitted Date 11/15/2016
Respond By Date

Dear Scarlett Nazari,

Introduction:

The submission is *DISAPPROVED* and may not be used in the Commonwealth of Virginia.

A preliminary review of the submission indicates the following concerns and questions. We'll continue our review of the submitted filing upon receipt of the following information:

1. We have the following concerns with the Rate/Rule Schedule:

a. Please list each affected form number separately and exactly as the form was approved. For example, LB-6301-P-VA(Q) and LB-6301-P-VA(NQ) should each be listed.

b. The Actuarial Memorandum indicates that riders will be affected by the rate increase. Please include those form numbers (exactly as approved) to the Affected Form Number Column. The Actuarial Memorandum and the Rate Request Summary should also be amended accordingly.

c. Please change the rate action to "revised". Please include the prior state tracking number of the previously approved rate filing and indicate the requested rate increase to be 25%.

d. The Overall Percentage Indicated Change should reflect what the increase would be needed in order to meet the certify that no further rate increases would be requested in the future pursuant to 14VAC5-200-153 B 2. Please update accordingly.

e. Since the prior rates have been previously been approved, please move the current rates from the rate attachment to Supporting Documentation. Only those rates subject to approval should be attached on the rate/rule schedule.

f. The Actuarial Memorandum indicates this rate increase is applicable only to lifetime pay policies only. The rate schedule attachment, however, should include the premium rates for all policies, including limited pay contracts, which are applicable to these policy forms.

2. We acknowledge receipt of forms LB-E-BR-VA and LB-E-NF-VA; however, the forms are duplicates of ones previously submitted under SERFF Tracking Number LFCR-130038440. 14 VAC 5-100-40 1 provides that each form submitted must have a number which may consist of digits, letters or a combination of both. The number must distinguish the form from all other forms used by the insurer. We may not consider the same form number under more than one filing. As such, the forms should be withdrawn from this filing and attached as supporting documentation.

3. We have the following concerns with the Actuarial Memorandum:

a. For post-stability policies, all present and accumulated values should be used to determine rate increases shall use the maximum valuation interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia as set forth in 14VAC5-200-153-C 4.

b. According to the filing, limited-pay contracts will not be affected by the rate schedule change. The memorandum states the experience is for lifetime-pay policies only. Please revise the experience and projections to include all post stability contracts when

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Filing Company: Lincoln Benefit Life Company

demonstrating these policy forms are compliant with loss ratio standards as set forth in 14 VAC 5-200-153 C 2 which states: premium rate increases will be determined based on the sum of the accumulated value of incurred claims and present value of future projected incurred claims (without inclusion of active life reserves) will not be less than the sum of the following: 1. the accumulated value of the initial earned premium times 58%; 2) 85% of the accumulated value of prior premium rate schedule increases on an earned basis; 3) present value of future projected initial earned premium times 58%; and 4) 85% of the present value of future projected premiums not included in subsection c of this subsection on an earned basis.

c. Please provide an exhibit illustrating an actual to expected analysis based on the original assumptions.

d. Please re-state the nationwide experience using Virginia approved rates.

e. Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged since the forms' introduction.

f. Please provide sufficient detail or documentation so that any projections can be recreated. Please provide excel spreadsheets, if possible.

g. Please advise in what states the company has requested rate increases on this block, how the rate changes requested in Virginia compare with those requested in other states, and the current status of the reviews in other states.

h. Please provide a loss ratio projection reflecting the actual historical experience during the historical experience period and then, utilizing the actual in force as of the projection date, projecting forward the expected earned premiums and incurred claims using the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale with no increases.

i. Please provide a loss ratio projection (both past and future) which reflects all of the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix of business.

j. Please provide the original targeted pricing loss ratio when the policy was originally approved; and if applicable, if the current projected loss ratio is less than originally anticipated.

k. Please revise the certification language for compliance with 14VAC5-200-153 B 2 whereby the Company certifies that if the rate increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rates increases are anticipated. Is the Company asking for an increase that would be less than necessary for certification? If so, is it the company's intention that if the experience develops as projected that no further rate increases will be requested? If not, what loss ratio does the company intend to target for these forms in the future?

4. The Rate Request Summary will be available on the Bureau of Insurance website for consumers. Its purpose is to explain in consumer friendly language what has driven the need for a rate increase request. The narrative as written explains that experience has been unfavorable but it is uncertain a policyholder or consumer would understand why maintaining a reasonable lifetime loss ratio translates to a rate increase. To resolve our concern, the Company should include wording similar how the rate increase is explained in the policyholder notification letter.

5. The filing has included three Policyholder notification letters in Supporting Documentation. Pursuant to 14VAC5-200-75 D, these letters must be "filed" for approval. For compliance with this regulation, please move the LB-6301 VA Customer Notice CBUL and the LB-6301 VA Customer Notice NF letters to the Form Schedule. Before doing so, however, please review the policyholder letters that are currently under review under SERFF tracking # LFCR-130038440. Those letters have already been through a thorough review and are near completion. They could be used to avoid repeating the review process with this filing.

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

6. Due to the size of the rate increase, is the Company willing to implement this as a series of increases? If the company is agreeable to this, what implementation schedule would be offered? Such a change would require the Actuarial Memorandum be amended, rate schedules provided for each period, and the policyholder letter updated accordingly to accommodate information for each period.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Toni Janoski

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/09/2020
Submitted Date	07/09/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

See revised forms and response letter.

Related Objection 1

Applies To:

- Customer Notice, LB-6301-VA-CNF (Form)
- Customer Notice, LB-6301-VA-NF (Form)

Comments: The Bureau of Insurance's website has changed. Please use the site shown here:

<https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 VA RS Response Letter 07 06 20
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 07 06 20.pdf

State: Virginia Filing Company: Lincoln Benefit Life Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: SENIOR LINC
 Project Name/Number: /

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Customer Notice	LB-6301-VA-CNF	OTH	Initial			LB-6301-VA-CNF.pdf	Date Submitted: 07/09/2020 By: Darlene Smith
Previous Version								
1	Customer Notice	LB-6301-VA-CNF	OTH	Initial			LB-6301-VA-CNF.pdf	Date Submitted: 06/28/2019 By: Darlene Smith
Previous Version								
1	Customer Notice	LB-6301-VA-CNF	OTH	Initial			LB-6301-VA-CNF.pdf	Date Submitted: 05/21/2019 By: Darlene Smith
Previous Version								
1	Customer Notice	LB-6301-VA-CNF	OTH	Initial			LB-6301-VA-CNF.pdf	Date Submitted: 12/13/2017 By: Darlene Smith
2	Customer Notice	LB-6301-VA-NF	NOC	Initial			LB-6301-VA-NF.pdf	Date Submitted: 07/09/2020 By: Darlene Smith
Previous Version								
2	Customer Notice	LB-6301-VA-NF	NOC	Initial			LB-6301-VA-NF.pdf	Date Submitted: 06/28/2019 By: Darlene Smith
Previous Version								
2	Customer Notice	LB-6301-VA-NF	NOC	Initial			LB-6301-VA-NF.pdf	Date Submitted: 05/21/2019 By: Darlene Smith
Previous Version								
2	Customer Notice	LB-6301-VA-NF	NOC	Initial			LB-6301-VA-NF.pdf	Date Submitted: 12/13/2017 By: Darlene Smith

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

No Rate/Rule Schedule items changed.

Response 2

Comments:

See revised John Doe forms and response letter.

Related Objection 2

Applies To:

- LB-6301-VA-CNF (John Doe) & LB-6301-VA-NF (John Doe) (Supporting Document)

Comments: Please submit revised "John Doe" letters to include any revisions made since the forms were initially submitted.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301-VA-CNF (John Doe) & LB-6301-VA-NF (John Doe)
Comments:	
Attachment(s):	LB-6301-VA-CNF (John Doe).pdf LB-6301-VA-NF (John Doe).pdf
<i>Previous Version</i>	
Satisfied - Item:	LB-6301-VA-CNF (John Doe) & LB-6301-VA-NF (John Doe)
Comments:	
Attachment(s):	LB-6301-VA-CNF (John Doe).pdf LB-6301-VA-NF (John Doe).pdf

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301-VA-CNF (John Doe) & LB-6301-VA-NF (John Doe)
Comments:	
Attachment(s):	LB-6301-VA-CNF (John Doe).pdf LB-6301-VA-NF (John Doe).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>LB-6301-VA-CNF (John Doe) & LB-6301-VA-NF (John Doe)</i>
Comments:	
Attachment(s):	<i>LB-6301-VA-CNF (John Doe).pdf LB-6301-VA-NF (John Doe).pdf</i>

Satisfied - Item:	LB-6301 VA RS Response Letter 07 06 20
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 07 06 20.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

See revised forms and response letter.

Related Objection 3

Applies To:

- Customer Notice, LB-6301-VA-CNF (Form)
- Customer Notice, LB-6301-VA-NF (Form)

Comments: Please remove the yellow high-lighting from both forms.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 VA RS Response Letter 07 06 20
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 07 06 20.pdf

SERFF Tracking #:	LFCR-130778344	State Tracking #:	LFCR-130778344	Company Tracking #:	VA LB-6301 2015 RATE INCREASE RS
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State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

State: Virginia Filing Company: Lincoln Benefit Life Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: SENIOR LINC
 Project Name/Number: /

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Customer Notice	LB-6301-VA-CNF	OTH	Initial			LB-6301-VA-CNF.pdf	Date Submitted: 07/09/2020 By: Darlene Smith
Previous Version								
1	Customer Notice	LB-6301-VA-CNF	OTH	Initial			LB-6301-VA-CNF.pdf	Date Submitted: 06/28/2019 By: Darlene Smith
Previous Version								
1	Customer Notice	LB-6301-VA-CNF	OTH	Initial			LB-6301-VA-CNF.pdf	Date Submitted: 05/21/2019 By: Darlene Smith
Previous Version								
1	Customer Notice	LB-6301-VA-CNF	OTH	Initial			LB-6301-VA-CNF.pdf	Date Submitted: 12/13/2017 By: Darlene Smith
2	Customer Notice	LB-6301-VA-NF	NOC	Initial			LB-6301-VA-NF.pdf	Date Submitted: 07/09/2020 By: Darlene Smith
Previous Version								
2	Customer Notice	LB-6301-VA-NF	NOC	Initial			LB-6301-VA-NF.pdf	Date Submitted: 06/28/2019 By: Darlene Smith
Previous Version								
2	Customer Notice	LB-6301-VA-NF	NOC	Initial			LB-6301-VA-NF.pdf	Date Submitted: 05/21/2019 By: Darlene Smith
Previous Version								
2	Customer Notice	LB-6301-VA-NF	NOC	Initial			LB-6301-VA-NF.pdf	Date Submitted: 12/13/2017 By: Darlene Smith

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

No Rate/Rule Schedule items changed.

Response 4

Comments:

See SOV form and response letter.

Related Objection 4

Applies To:

- Customer Notice SOV (Supporting Document)

Comments: In the section of the SOV titled First Paragraph, please expand the description to include verification that the SOV will be revised and resubmitted should different language be required.

Changed Items:

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Customer Notice SOV
Comments:	
Attachment(s):	Customer Notice SOV.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Customer Notice SOV
Comments:	
Attachment(s):	Customer Notice SOV.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>

Satisfied - Item:	LB-6301 VA RS Response Letter 07 06 20
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 07 06 20.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Darlene Smith

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/27/2020
Submitted Date	01/28/2020

Dear Bobby Toone,

Introduction:

Response 1

Comments:

See response letter, thank you.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the current national cumulative average increase, and what that average would be if all outstanding rate increase requests were approved for the full amount.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 VA RS Response Letter 01 21 20
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 01 21 20.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Darlene Smith

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/24/2019
Submitted Date	07/24/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

See attached forms and response letter, thank you.

Related Objection 1

Applies To:

- Coverage Change Request Forms (Supporting Document)

Comments: Since the Coverage Change Request forms are included in the policyholder letters as relevant information, please submit a John Doe version of these forms.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 VA RS Response Letter 07 24 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 07 24 19.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 VA RS Response Letter 07 24 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 07 24 19.pdf

Satisfied - Item:	LB-6301-VA-CNF-CCR (John Doe) & LB-6301-VA-NF-CCR (John Doe)
Comments:	
Attachment(s):	LB-6301-VA-CNF-CCR (John Doe).pdf LB-6301-VA-NF-CCR (John Doe).pdf

No Form Schedule items changed.

SERFF Tracking #:	LFCR-130778344	State Tracking #:	LFCR-130778344	Company Tracking #:	VA LB-6301 2015 RATE INCREASE RS
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State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Darlene Smith

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/25/2019
Submitted Date	07/25/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please see the objection response letter and attachments.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Bureau has a concern that the requested rate increase would put Virginia notably above the national cumulative average. Our perception is that to approve your requested increase could potentially put an undue premium burden on Virginia policyholders when compared with other states. With this consideration, we ask that you consider revising your request to 40%.

As a separate point, please be aware that we also have the ability to approve implementation of a rate increase over two or three years if requested.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 VA RS Response Letter 07 11 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 07 11 19.pdf

No Form Schedule items changed.

State: Virginia Filing Company: Lincoln Benefit Life Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: SENIOR LINC
 Project Name/Number: /

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	LB-6301 VA Proposed Rates (RS)	LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ), LB-6301-R1, LB-6301-R2, LB-6301-R3, LB-6301-R4, LB-6301-R5(Q), LB-6301-R5(NQ), LB-6301-R6, LB-6301-R8-VA, LB-6301-R9-VA, LB-6301-R10-VA(Q), LB-6301-R10-VA(NQ)	Revised	Previous State Filing Number: LFCR-126766913 Percent Rate Change Request: 50	LB-6301 VA Proposed Rates (RS).pdf,	07/25/2019 By: Scarlett Nazari
Previous Version						
1	LB-6301 VA Proposed Rates (RS)	LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ), LB-6301-R1, LB-6301-R2, LB-6301-R3, LB-6301-R4, LB-6301-R5(Q), LB-6301-R5(NQ), LB-6301-R6, LB-6301-R8-VA, LB-6301-R9-VA, LB-6301-R10-VA(Q), LB-6301-R10-VA(NQ)	Revised	Previous State Filing Number: LFCR-126766913 Percent Rate Change Request: 50	LB-6301 VA Proposed Rates (RS).pdf,	12/13/2017 By: Darlene Smith
Previous Version						
1	LB-6301 VA (RS) Proposed Rates	LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)	Revised	Previous State Filing Number: LFCR-126766913 Percent Rate Change Request: 25	LB-6301 VA Proposed Rates (RS).pdf,	10/31/2017 By: Darlene Smith
Previous Version						

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Rate/Rule Schedule Item Changes						
1	LB-6301 VA (RS) Proposed Rates	LB-6301-P-VA(Q)&(NQ), LB-6302-P-VA(Q)&(NQ), LB-6303-P-VA(Q)&(NQ)	New		LB-6301 VA (RS) Proposed Rates.pdf,	10/21/2016 By: Darlene Smith

Conclusion:

Sincerely,
Scarlett Nazari

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/28/2019
Submitted Date	06/28/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

See revised customer notices and response letter, thank you.

Related Objection 1

Applies To:

- Customer Notice, LB-6301-VA-CNF (Form)
- Customer Notice, LB-6301-VA-NF (Form)

Comments: The Bureau of Insurance does not feel the Customer Notification Letters meet the "prominence" requirement of 14VAC5-100-540 2. An acceptable option would be to have the name of the company in the first line of the letter (after the word "re") be shown in bold print.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 VA RS Response Letter 06 28 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 06 28 19.pdf

State: Virginia Filing Company: Lincoln Benefit Life Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: SENIOR LINC
 Project Name/Number: /

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Customer Notice	LB-6301-VA-CNF	OTH	Initial			LB-6301-VA-CNF.pdf	Date Submitted: 06/28/2019 By: Darlene Smith
Previous Version								
1	Customer Notice	LB-6301-VA-CNF	OTH	Initial			LB-6301-VA-CNF.pdf	Date Submitted: 05/21/2019 By: Darlene Smith
Previous Version								
1	Customer Notice	LB-6301-VA-CNF	OTH	Initial			LB-6301-VA-CNF.pdf	Date Submitted: 12/13/2017 By: Darlene Smith
2	Customer Notice	LB-6301-VA-NF	NOC	Initial			LB-6301-VA-NF.pdf	Date Submitted: 06/28/2019 By: Darlene Smith
Previous Version								
2	Customer Notice	LB-6301-VA-NF	NOC	Initial			LB-6301-VA-NF.pdf	Date Submitted: 05/21/2019 By: Darlene Smith
Previous Version								
2	Customer Notice	LB-6301-VA-NF	NOC	Initial			LB-6301-VA-NF.pdf	Date Submitted: 12/13/2017 By: Darlene Smith

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
 Darlene Smith

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/31/2019
Submitted Date	05/31/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

See response letter, thank you.

Related Objection 1

Applies To:

- Coverage Change Request Forms (Supporting Document)

Comments: We could not determine when forms LB-6301-VA-CNF-CCR.pdf and LB-6301-VA-NF-CCR.pdf were originally approved. Please provide the SERFF tracking number under which these forms were originally submitted for approval. If they haven't been approved, please move them to the Forms Schedule for review and approval.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 VA RS Response Letter 05 31 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 05 31 19.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Darlene Smith

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/21/2019
Submitted Date	05/21/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

See revised forms submitted in Objection 4-24-19, revised Customer Notice SOV and response letter.

Related Objection 1

Applies To:

- Customer Notice, LB-6301-VA-CNF (Form)
- Customer Notice, LB-6301-VA-NF (Form)
- Customer Notice SOV (Supporting Document)

Comments: 1) Every field intended to be considered as variable must be bracketed and described in the statement of variability (SOV). The first several fields appearing in the forms including Date, Owners Name, Policy Number, etc., are intended to be variable. Even though these fields are self-explanatory they must be bracketed and described in the SOV.

2) The SOV states that there is a variable field indicated as [XX%] that will appear in the second paragraph. Please advise if the 50% figure is that field. If so, that field should be bracketed. If not, please identify the field to which you refer.

Changed Items:

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Customer Notice SOV
Comments:	
Attachment(s):	Customer Notice SOV.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes

Satisfied - Item:	Customer Notice SOV
Comments:	
Attachment(s):	Customer Notice SOV.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>

Satisfied - Item:	LB-6301 VA RS Response Letter 05 14 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 05 14 19.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

See revised forms submitted in Objection 4-24-19, revised Customer Notice SOV and response letter.

Related Objection 2

Applies To:

- Customer Notice, LB-6301-VA-CNF (Form)
- Customer Notice SOV (Supporting Document)

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Comments: As stated above, all fields intended to be variable must be bracketed. The SOV states that a section of the first paragraph is intended to be variable. Please bracket the applicable section.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Customer Notice SOV
Comments:	
Attachment(s):	Customer Notice SOV.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes

Satisfied - Item:	Customer Notice SOV
Comments:	
Attachment(s):	Customer Notice SOV.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>

Satisfied - Item:	LB-6301 VA RS Response Letter 05 14 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 05 14 19.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

See Coverage Change Request Forms, revised Customer Notice SOV and response letter.

Related Objection 3

Applies To:

- Customer Notice SOV (Supporting Document)

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Comments: The SOV contains a reference to a Coverage Change Request Form. Since this form is not attached to this filing, please attach the referenced forms to Supporting Documentation.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Customer Notice SOV
Comments:	
Attachment(s):	Customer Notice SOV.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Customer Notice SOV
Comments:	
Attachment(s):	Customer Notice SOV.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	Coverage Change Request Forms
Comments:	
Attachment(s):	LB-6301-VA-CNF-CCR.pdf LB-6301-VA-NF-CCR.pdf

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes

Satisfied - Item:	Customer Notice SOV
Comments:	
Attachment(s):	Customer Notice SOV.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>

Satisfied - Item:	Coverage Change Request Forms
Comments:	
Attachment(s):	LB-6301-VA-CNF-CCR.pdf LB-6301-VA-NF-CCR.pdf

Satisfied - Item:	LB-6301 VA RS Response Letter 05 14 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 05 14 19.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Darlene Smith

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/21/2019
Submitted Date	05/21/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

See response letter and Customer Notification Letters that have been moved to the Forms Schedule.

Related Objection 1

Applies To:

- LB-6301 VA RS Response Letter 10 02 18 (Supporting Document)

Comments: Please move the revised Customer Notification Letters to the Forms Schedule for continued review.

Changed Items:

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Customer Notice
Comments:	Moved to Form Schedule
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Change Request Form</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Customer Notice
Comments:	Moved to Form Schedule
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Change Request Form</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>
Satisfied - Item:	LB-6301 VA RS Response Letter 04 24 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 04 24 19.pdf

State: Virginia Filing Company: Lincoln Benefit Life Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: SENIOR LINC
 Project Name/Number: /

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Customer Notice	LB-6301-VA-CNF	OTH	Initial			LB-6301-VA-CNF.pdf	Date Submitted: 05/21/2019 By: Darlene Smith
<i>Previous Version</i>								
1	Customer Notice	LB-6301-VA-CNF	OTH	Initial			LB-6301-VA-CNF.pdf	Date Submitted: 12/13/2017 By: Darlene Smith
2	Customer Notice	LB-6301-VA-NF	NOC	Initial			LB-6301-VA-NF.pdf	Date Submitted: 05/21/2019 By: Darlene Smith
<i>Previous Version</i>								
2	Customer Notice	LB-6301-VA-NF	NOC	Initial			LB-6301-VA-NF.pdf	Date Submitted: 12/13/2017 By: Darlene Smith

No Rate/Rule Schedule items changed.

Response 2

Comments:

See revised Policyholder Notification letters and response letter.

Related Objection 2

Applies To:

- Customer Notice (Supporting Document)

Comments: 14VAC5-100-50 2 requires that the full and proper name of the insurer shall prominently appear on the cover sheet of all policies, certificates, riders, endorsements, applications and other forms required to be submitted pursuant to §§ 38.2-316 and 38.2-3725 of the Code of Virginia. The home office address of the insurer should also be included on each form. The address may be limited to the city and state of the insurer's home office.

Please revise the Policyholder Notification letters to comply with the regulation.

Changed Items:

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Customer Notice
Comments:	Moved to Form Schedule
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Change Request Form</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Customer Notice
Comments:	Moved to Form Schedule
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Change Request Form</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>
Satisfied - Item:	LB-6301 VA RS Response Letter 04 24 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 04 24 19.pdf

State: Virginia Filing Company: Lincoln Benefit Life Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: SENIOR LINC
 Project Name/Number: /

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Customer Notice	LB-6301-VA-CNF	OTH	Initial			LB-6301-VA-CNF.pdf	Date Submitted: 05/21/2019 By: Darlene Smith
<i>Previous Version</i>								
1	Customer Notice	LB-6301-VA-CNF	OTH	Initial			LB-6301-VA-CNF.pdf	Date Submitted: 12/13/2017 By: Darlene Smith
2	Customer Notice	LB-6301-VA-NF	NOC	Initial			LB-6301-VA-NF.pdf	Date Submitted: 05/21/2019 By: Darlene Smith
<i>Previous Version</i>								
2	Customer Notice	LB-6301-VA-NF	NOC	Initial			LB-6301-VA-NF.pdf	Date Submitted: 12/13/2017 By: Darlene Smith

No Rate/Rule Schedule items changed.

Response 3

Comments:

See updated authorization letter and response letter.

Related Objection 3

Applies To:

- TPA Authorization Letter (Supporting Document)

Comments: For clarity, please explain the relationship between Resolution Life, LifeCare Assurance, and Lincoln Benefit Life Company. It's unclear why a letter from Lincoln Benefit giving LifeCare authority to submit filings would be written on Resolution Life letterhead.

Changed Items:

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	TPA Authorization Letter
Comments:	
Attachment(s):	LB-6301 & LB-7000 Rate Filing Authorization Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>TPA Authorization Letter</i>
Comments:	
Attachment(s):	<i>LB-6301 authorization letter - 2016.pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	TPA Authorization Letter
Comments:	
Attachment(s):	LB-6301 & LB-7000 Rate Filing Authorization Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>TPA Authorization Letter</i>
Comments:	
Attachment(s):	<i>LB-6301 authorization letter - 2016.pdf</i>

Satisfied - Item:	LB-6301 VA RS Response Letter 04 24 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 04 24 19.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

See Readability Certifications for the revised Policyholder Notifications and response letter.

Related Objection 4

Applies To:

- Customer Notice (Supporting Document)

Comments: Please provide the Readability Certification for the revised Policyholder Notifications.

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA Readability Certification LB-E-BR-VA.pdf VA Readability Certification LB-E-CNF-VA.pdf LB-6301-VA-CNF Readability Certification.pdf LB-6301-VA-NF Readability Certification.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	
Attachment(s):	<i>VA Readability Certification LB-E-BR-VA.pdf VA Readability Certification LB-E-CNF-VA.pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA Readability Certification LB-E-BR-VA.pdf VA Readability Certification LB-E-CNF-VA.pdf LB-6301-VA-CNF Readability Certification.pdf LB-6301-VA-NF Readability Certification.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	
Attachment(s):	<i>VA Readability Certification LB-E-BR-VA.pdf VA Readability Certification LB-E-CNF-VA.pdf</i>

Satisfied - Item:	LB-6301 VA RS Response Letter 04 24 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 04 24 19.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response 5

Comments:

See John Doe versions of forms and response letter.

Related Objection 5

Applies To:

- Customer Notice (Supporting Document)

Comments: In compliance with 14VAC5-100-50 3, please submit a copy of each Policyholder Notification letter sufficiently completed in "John Doe" fashion to indicate how it is intended to be used.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301-VA-CNF (John Doe) & LB-6301-VA-NF (John Doe)
Comments:	
Attachment(s):	LB-6301-VA-CNF (John Doe).pdf LB-6301-VA-NF (John Doe).pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301-VA-CNF (John Doe) & LB-6301-VA-NF (John Doe)
Comments:	
Attachment(s):	LB-6301-VA-CNF (John Doe).pdf LB-6301-VA-NF (John Doe).pdf

Satisfied - Item:	LB-6301 VA RS Response Letter 04 24 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 04 24 19.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Darlene Smith

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/08/2019
Submitted Date	04/08/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

See attached document and response letter.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide an updated cumulative approved rate increases in each state.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 Rate Increase History as of 04 02 19
Comments:	
Attachment(s):	LB-6301 Rate Increase History as of 04 02 19.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 Rate Increase History as of 04 02 19
Comments:	
Attachment(s):	LB-6301 Rate Increase History as of 04 02 19.pdf

Satisfied - Item:	LB-6301 VA RS Response Letter 04 02 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 04 02 19.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response 2

Comments:

See attached response letter.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: What would the nationwide cumulative rate increase be if all outstanding rate increase were approved?

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 VA RS Response Letter 04 02 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 04 02 19.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Darlene Smith

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/18/2019
Submitted Date	03/18/2019

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please see attached response letter.

Related Objection 1

Applies To:

- Customer Notice, LB-6301-VA-CNF (Form)
- Customer Notice, LB-6301-VA-NF (Form)

Comments: Both Customer Notices refer to a Coverage Change Request Form. Please submit this form for approval, or provide the SERFF tracking number when this form was originally submitted for approval.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 VA RS Response Letter 03 08 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 03 08 19.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Scarlett Nazari

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/21/2018
Submitted Date	11/21/2018

Dear Bobby Toone,

Introduction:

Response 1

Comments:

See revised customer notices and response letter.

Related Objection 1

Applies To:

- Customer Notice SOV (Supporting Document)

Comments: In accordance with 14VAC5-200-75 A 1, please provide a statement that plainly states that the policy may be subject to rate increases in the future.

Changed Items:

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Customer Notice
Comments:	
Attachment(s):	LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Change Request Form</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Customer Notice
Comments:	
Attachment(s):	LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Change Request Form</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>

Satisfied - Item:	LB-6301 VA RS Response Letter 10 02 18
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 10 02 18.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Comments:

See revised customer notices, sov and response letter.

Related Objection 2

Applies To:

- Customer Notice, LB-6301-VA-CNF (Form)
- Customer Notice, LB-6301-VA-NF (Form)

Comments: If the company has intentions of using this letter for subsequent rate increases it is recommended that the percent increase figure be in brackets to allow for future use.

If this letter is to be used in the future, the reasons given for the rate increase should also be bracketed to allow for different reasons to be used.

Changed Items:

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Customer Notice
Comments:	
Attachment(s):	LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Change Request Form</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Customer Notice
Comments:	
Attachment(s):	LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Change Request Form</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>

Satisfied - Item:	Customer Notice SOV
Comments:	
Attachment(s):	Customer Notice SOV.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>

SERFF Tracking #:	LFCR-130778344	State Tracking #:	LFCR-130778344	Company Tracking #:	VA LB-6301 2015 RATE INCREASE RS
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State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Customer Notice
Comments:	
Attachment(s):	LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Coverage Change Request Form</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>

Satisfied - Item:	Customer Notice SOV
Comments:	
Attachment(s):	Customer Notice SOV.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>
Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice SOV</i>

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Comments:	
Attachment(s):	<i>Customer Notice SOV.pdf</i>

Satisfied - Item:	LB-6301 VA RS Response Letter 10 02 18
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 10 02 18.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

See response letter.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please calculate the total percentage of premiums paid over the life of these policies.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 VA RS Response Letter 10 02 18
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 10 02 18.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

*Sincerely,
Darlene Smith*

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/21/2017
Submitted Date	12/21/2017

Dear Bobby Toone,

Introduction:

Response 1

Comments:

Please see attached.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied - Item:	LB-6301 VA RS Response Letter 12 21 17
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 12 21 17.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Scarlett Nazari

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/13/2017
Submitted Date	12/13/2017

Dear Bobby Toone,

Introduction:

Response 1

Comments:

See response letter, revised rates and revised rate schedule.

Related Objection 1

Applies To:

- LB-6301 VA (RS) Proposed Rates, [LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)] (Rate)

Comments: Through an error on our part, we indicated the percent rate change request on the Rate/Rule Schedule should be listed as 25% under the Rate Action Information column. This should actually be 50% which is the requested increase in this submission. We apologize for any inconvenience of confusion this may have caused.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 VA RS Response Letter 12 01 17
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 12 01 17.pdf

No Form Schedule items changed.

State: Virginia Filing Company: Lincoln Benefit Life Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: SENIOR LINC
 Project Name/Number: /

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	LB-6301 VA Proposed Rates (RS)	LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ), LB-6301-R1, LB-6301-R2, LB-6301-R3, LB-6301-R4, LB-6301-R5(Q), LB-6301-R5(NQ), LB-6301-R6, LB-6301-R8-VA, LB-6301-R9-VA, LB-6301-R10-VA(Q), LB-6301-R10-VA(NQ)	Revised	Previous State Filing Number: LFCR-126766913 Percent Rate Change Request: 50	LB-6301 VA Proposed Rates (RS).pdf,	12/13/2017 By: Darlene Smith
Previous Version						
1	LB-6301 VA (RS) Proposed Rates	LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)	Revised	Previous State Filing Number: LFCR-126766913 Percent Rate Change Request: 25	LB-6301 VA Proposed Rates (RS).pdf,	10/31/2017 By: Darlene Smith
Previous Version						
1	LB-6301 VA (RS) Proposed Rates	LB-6301-P-VA(Q)&(NQ), LB-6302-P-VA(Q)&(NQ), LB-6303-P-VA(Q)&(NQ)	New		LB-6301 VA (RS) Proposed Rates.pdf,	10/21/2016 By: Darlene Smith

Response 2

Comments:

See response letter and Customer Notice.

Related Objection 2

Applies To:

- Customer Notice (Supporting Document)

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Comments: Please attach LB-6301-VA-NF and LB-6301-VA- CNF to the Form Schedule for review. The Company provided a third letter, Form LB-6301 VA Customer Notice WOP, which is not needed as the issue regarding waiver of premium is addressed in each of the other letters, agreed?

The Company has indicated it may be willing to implement as a series of increases; and if this should occur, the letters would need to be amended accordingly. Before making such changes, the Company may wish to wait until we are closer to finalizing the filing and the percentage of the increase.

Please advise if the Coverage Change forms are attached and made a part of the policy. If not, those forms may remain in Supporting Documentation; otherwise, those forms will need to be attached to the Form Schedule in SERFF for review and approval.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Request Form
Comments:	
Attachment(s):	LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf
<i>Previous Version</i>	
Satisfied - Item:	Customer Notice
Comments:	
Attachment(s):	LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf
<i>Previous Version</i>	
Satisfied - Item:	Customer Notice
Comments:	
Attachment(s):	LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Request Form
Comments:	
Attachment(s):	LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>

Satisfied - Item:	LB-6301 VA RS Response Letter 12 01 17
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 12 01 17.pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Customer Notice	LB-6301-VA-CNF	OTH	Initial			LB-6301-VA-CNF.pdf	Date Submitted: 12/13/2017 By: Darlene Smith
2	Customer Notice	LB-6301-VA-NF	NOC	Initial			LB-6301-VA-NF.pdf	Date Submitted: 12/13/2017 By: Darlene Smith

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

No Rate/Rule Schedule items changed.

Response 3

Comments:

See response attachment and letter.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Comments: Our 11/10/2016 objection letter contained an objection which should be withdrawn: "According to the filing, limited-pay contracts will not be affected by the rate schedule change. The memorandum states the experience is for lifetime-pay policies only. Please revise the experience and projections to include all post stability contracts when demonstrating these policy forms are compliant with loss ratio standards as set forth in 14 VAC 5-200-153 C 2 which states: premium rate increases will be determined based on the sum of the accumulated value of incurred claims and present value of future projected incurred claims (without inclusion of active life reserves) will not be less than the sum of the following: 1. the accumulated value of the initial earned premium times 58%; 2) 85% of the accumulated value of prior premium rate schedule increases on an earned basis; 3) present value of future projected initial earned premium times 58%; and 4) 85% of the present value of future projected premiums not included in subsection c of this subsection on an earned basis."

The Company provided the correct information originally by excluding data for all paid-up policies and we sincerely apologize for the inconvenience and confusion this may have caused the Company in complying with our previous request.

After further review of the additional information provided, please respond to the following:

1. For purposes of the test required by 14VAC5-200-153.B.2.:
 - a. All nationwide projections used in this test should use the premiums restated to the Virginia rate level.
 - b. The Bureau requires that projections utilize the original pricing loss ratio (calculated at the same interest rate used in the testing) if higher than the stipulated 58% or 85%.
 - c. The projection after the increase should not include shock lapses or benefit reductions.
 - d. Please also provide all supporting projections for the numbers used in this demonstration.
2. It seems logical that an assumption for shock lapse and benefit reduction related to a rate increase should have a factor recognizing the magnitude of the rate increase. Comparing this assumption in several filings made by the company, it does not appear that the assumptions being used contain any such adjustment. Please explain.
3. Please expand Attachment 3g to include the cumulative approved rate increases in each state including all prior increases, and the inforce premium amount in each state.
4. Please provide the actual-to-expected analysis for morbidity incidence and terminations based on the current best-estimate assumptions.
5. Please confirm that 4.5% is the average valuation interest rate for the inforce policies covered by this filing.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 VA RS Response Letter 12 01 17
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 12 01 17.pdf

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	LB-6301 VA RS Response Letter 12 01 17
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 12 01 17.pdf

Satisfied - Item:	LB-6301 VA Response Attachment (RS) 12 01 17
Comments:	
Attachment(s):	LB-6301 VA Response Attachment (RS) 12 01 17.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

See response letter and revised transmittal.

Related Objection 4

Applies To:

- LB-6301 VA (RS) Proposed Rates, [LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)] (Rate)

Comments: According to your response riders will not be affected by the rate increase. Although the rate factors may not be changing, the premium for that rider will increase as a result of the change in the base rate. As a result, each of those rider form numbers should be included in the Affected Form Number column in SERFF. Please update the Rate/Rule Schedule accordingly and indicate which rider form numbers apply to each rider on the rate attachment.

The rider form numbers should also be added to the Rate Request Summary

Changed Items:

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Comments:	
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Attachment(s):	LB-6301 Rate Request Summary VA (RS).pdf
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Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>LB-6301 Rate Request Summary VA (RS).pdf</i>
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Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>LB-6301 Rate Request Summary VA (RS).pdf</i>
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Supporting Document Schedule Item Changes

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Comments:	
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Attachment(s):	LB-6301 Rate Request Summary VA (RS).pdf
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Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>LB-6301 Rate Request Summary VA (RS).pdf</i>
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Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>LB-6301 Rate Request Summary VA (RS).pdf</i>
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Satisfied - Item:	LB-6301 VA RS Response Letter 12 01 17
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Comments:	
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Attachment(s):	LB-6301 VA RS Response Letter 12 01 17.pdf
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No Form Schedule items changed.

State: Virginia Filing Company: Lincoln Benefit Life Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: SENIOR LINC
 Project Name/Number: /

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	LB-6301 VA Proposed Rates (RS)	LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ), LB-6301-R1, LB-6301-R2, LB-6301-R3, LB-6301-R4, LB-6301-R5(Q), LB-6301-R5(NQ), LB-6301-R6, LB-6301-R8-VA, LB-6301-R9-VA, LB-6301-R10-VA(Q), LB-6301-R10-VA(NQ)	Revised	Previous State Filing Number: LFCR-126766913 Percent Rate Change Request: 50	LB-6301 VA Proposed Rates (RS).pdf,	12/13/2017 By: Darlene Smith
Previous Version						
1	LB-6301 VA (RS) Proposed Rates	LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)	Revised	Previous State Filing Number: LFCR-126766913 Percent Rate Change Request: 25	LB-6301 VA Proposed Rates (RS).pdf,	10/31/2017 By: Darlene Smith
Previous Version						
1	LB-6301 VA (RS) Proposed Rates	LB-6301-P-VA(Q)&(NQ), LB-6302-P-VA(Q)&(NQ), LB-6303-P-VA(Q)&(NQ)	New		LB-6301 VA (RS) Proposed Rates.pdf,	10/21/2016 By: Darlene Smith

Response 5

Comments:

See response letter.

Related Objection 5

Applies To:

- Customer Notice (Supporting Document)

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Comments: As previously mentioned, the company intends to use forms previously approved under LFCR-130038440. In addition to LB-E-BR-VA and LB-E-NF-VA, there is another form LF-E-CNF-VA. Please confirm this form will also be used as needed.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Request Form
Comments:	
Attachment(s):	LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Coverage Change Request Form
Comments:	
Attachment(s):	LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>
Satisfied - Item:	LB-6301 VA RS Response Letter 12 01 17
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 12 01 17.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Darlene Smith

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/30/2017
Submitted Date	10/31/2017

Dear Bobby Toone,

Introduction:

Response 1

Comments:

See revised documents, exhibits and response letter. The rate data was revised through a post-submission update. Thank you.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	LB-6301 Rate Request Summary VA (RS).pdf
<i>Previous Version</i>	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	LB-6301 Rate Request Summary VA (RS).pdf

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	LB-6301 Rate Request Summary VA (RS).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>LB-6301 Rate Request Summary VA (RS).pdf</i>

Satisfied - Item:	Customer Notice
Comments:	
Attachment(s):	LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Customer Notice</i>
Comments:	
Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Comments:	
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Attachment(s):	LB-6301 Rate Request Summary VA (RS).pdf
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Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>LB-6301 Rate Request Summary VA (RS).pdf</i>
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Satisfied - Item:	Customer Notice
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Comments:	
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Attachment(s):	LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf
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Previous Version

Satisfied - Item:	<i>Customer Notice</i>
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Comments:	
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Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>
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Satisfied - Item:	Customer Notice SOV
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Comments:	
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Attachment(s):	Customer Notice SOV.pdf
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Previous Version

Satisfied - Item:	<i>Customer Notice SOV</i>
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Comments:	
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Attachment(s):	<i>Customer Notice SOV.pdf</i>
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State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Comments:	
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Attachment(s):	LB-6301 Rate Request Summary VA (RS).pdf
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Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>LB-6301 Rate Request Summary VA (RS).pdf</i>
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Satisfied - Item:	Customer Notice
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Comments:	
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Attachment(s):	LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf
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Previous Version

Satisfied - Item:	<i>Customer Notice</i>
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Comments:	
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Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>
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Satisfied - Item:	Customer Notice SOV
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Comments:	
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Attachment(s):	Customer Notice SOV.pdf
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Previous Version

Satisfied - Item:	<i>Customer Notice SOV</i>
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Comments:	
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Attachment(s):	<i>Customer Notice SOV.pdf</i>
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Satisfied - Item:	Endorsements
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Comments:	
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Attachment(s):	LB-E-BR-VA.pdf
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SERFF Tracking #:	LFCR-130778344	State Tracking #:	LFCR-130778344	Company Tracking #:	VA LB-6301 2015 RATE INCREASE RS
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State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

	LB-E-CNF-VA.pdf
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State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Comments:	
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Attachment(s):	LB-6301 Rate Request Summary VA (RS).pdf
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Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>LB-6301 Rate Request Summary VA (RS).pdf</i>
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Satisfied - Item:	Customer Notice
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Comments:	
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Attachment(s):	LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf
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Previous Version

Satisfied - Item:	<i>Customer Notice</i>
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Comments:	
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Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>
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Satisfied - Item:	Customer Notice SOV
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Comments:	
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Attachment(s):	Customer Notice SOV.pdf
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Previous Version

Satisfied - Item:	<i>Customer Notice SOV</i>
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Comments:	
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Attachment(s):	<i>Customer Notice SOV.pdf</i>
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Satisfied - Item:	Endorsements
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Comments:	
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Attachment(s):	LB-E-BR-VA.pdf
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State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

	LB-E-CNF-VA.pdf
Satisfied - Item:	LB-6301 VA Response Attachment (RS)
Comments:	
Attachment(s):	LB-6301 VA Response Attachment (RS).xlsx

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Comments:	
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Attachment(s):	LB-6301 Rate Request Summary VA (RS).pdf
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Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>LB-6301 Rate Request Summary VA (RS).pdf</i>
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Satisfied - Item:	Customer Notice
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Comments:	
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Attachment(s):	LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf
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Previous Version

Satisfied - Item:	<i>Customer Notice</i>
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Comments:	
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Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>
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Satisfied - Item:	Customer Notice SOV
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Comments:	
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Attachment(s):	Customer Notice SOV.pdf
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Previous Version

Satisfied - Item:	<i>Customer Notice SOV</i>
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Comments:	
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Attachment(s):	<i>Customer Notice SOV.pdf</i>
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Satisfied - Item:	Endorsements
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Comments:	
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Attachment(s):	LB-E-BR-VA.pdf
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State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

	LB-E-CNF-VA.pdf
Satisfied - Item:	LB-6301 VA Response Attachment (RS)
Comments:	
Attachment(s):	LB-6301 VA Response Attachment (RS).xlsx
Satisfied - Item:	LB-6301 VA Current Rates (RS)
Comments:	
Attachment(s):	LB-6301 VA Current Rates (RS).pdf

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedule Item Changes

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Comments:	
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Attachment(s):	LB-6301 Rate Request Summary VA (RS).pdf
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Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
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Comments:	
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Attachment(s):	<i>LB-6301 Rate Request Summary VA (RS).pdf</i>
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Satisfied - Item:	Customer Notice
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Comments:	
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Attachment(s):	LB-6301 VA Customer Notice WOP.pdf LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf
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Previous Version

Satisfied - Item:	<i>Customer Notice</i>
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Comments:	
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Attachment(s):	<i>LB-6301 VA Coverage Change CBUL.pdf LB-6301 VA Coverage Change NF.pdf LB-6301 VA Customer Notice CBUL.pdf LB-6301 VA Customer Notice NF.pdf LB-6301 VA Customer Notice WOP.pdf</i>
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Satisfied - Item:	Customer Notice SOV
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Comments:	
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Attachment(s):	Customer Notice SOV.pdf
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Previous Version

Satisfied - Item:	<i>Customer Notice SOV</i>
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Comments:	
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Attachment(s):	<i>Customer Notice SOV.pdf</i>
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Satisfied - Item:	Endorsements
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Comments:	
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Attachment(s):	LB-E-BR-VA.pdf
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State: Virginia Filing Company: Lincoln Benefit Life Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: SENIOR LINC
 Project Name/Number: /

	LB-E-CNF-VA.pdf
Satisfied - Item:	LB-6301 VA Response Attachment (RS)
Comments:	
Attachment(s):	LB-6301 VA Response Attachment (RS).xlsx
Satisfied - Item:	LB-6301 VA Current Rates (RS)
Comments:	
Attachment(s):	LB-6301 VA Current Rates (RS).pdf
Satisfied - Item:	LB-6301 VA RS Response Letter 10 16 17
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 10 16 17.pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	ENDORSEMENT	Moved to Supporting Documentation	POLA	Initial				Date Submitted: 10/31/2017 By: Darlene Smith
<i>Previous Version</i>								
1	ENDORSEMENT	LB-E-BR-VA	POLA	Initial			LB-E-BR-VA.pdf	Date Submitted: 10/21/2016 By: Darlene Smith
2	ENDORSEMENT	Moved to Supporting Documentation	POLA	Initial				Date Submitted: 10/31/2017 By: Darlene Smith
<i>Previous Version</i>								
2	ENDORSEMENT	LB-E-CNF-VA	POLA	Initial			LB-E-CNF-VA.pdf	Date Submitted: 10/21/2016 By: Darlene Smith

State: Virginia Filing Company: Lincoln Benefit Life Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: SENIOR LINC
 Project Name/Number: /

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	LB-6301 VA (RS) Proposed Rates	LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)	Revised	Previous State Filing Number: LFCR-126766913 Percent Rate Change Request: 25	LB-6301 VA Proposed Rates (RS).pdf,	10/31/2017 By: Darlene Smith
<i>Previous Version</i>						
1	LB-6301 VA (RS) Proposed Rates	LB-6301-P-VA(Q)&(NQ), LB-6302-P-VA(Q)&(NQ), LB-6303-P-VA(Q)&(NQ)	New		LB-6301 VA (RS) Proposed Rates.pdf,	10/21/2016 By: Darlene Smith

Conclusion:

Sincerely,
 Darlene Smith

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Amendment Letter

Submitted Date: 10/21/2016

Comments:

There were revisions made to the Actuarial Memorandum after it was submitted and it's been replaced. Thank you.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	LB-6301 Rate Filing Actuarial Memo VA with Exhibits (RS).pdf
Previous Version	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	LB-6301 Rate Filing Actuarial Memo VA with Exhibits (RS).pdf

SERFF Tracking #: LFCR-130778344

State Tracking #: LFCR-130778344

Company Tracking #: VA LB-6301 2015 RATE
INCREASE RS

State: Virginia

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

Note To Filer

Created By:

Bobby Toone on 09/02/2020 04:14 PM

Last Edited By:

Bobby Toone

Submitted On:

09/02/2020 04:14 PM

Subject:

Status Request

Comments:

This filing is being approved today (9/2).

SERFF Tracking #: LFCR-130778344

State Tracking #: LFCR-130778344

Company Tracking #: VA LB-6301 2015 RATE
INCREASE RS

State: Virginia

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

Note To Reviewer

Created By:

Darlene Smith on 08/31/2020 03:28 PM

Last Edited By:

Darlene Smith

Submitted On:

09/01/2020 10:32 AM

Subject:

Status Request

Comments:

Please advise the status of this filing. Thank you

SERFF Tracking #: LFCR-130778344

State Tracking #: LFCR-130778344

Company Tracking #: VA LB-6301 2015 RATE
INCREASE RS

State: Virginia

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

Note To Reviewer

Created By:

Darlene Smith on 07/02/2020 06:02 PM

Last Edited By:

Bobby Toone

Submitted On:

07/06/2020 09:30 AM

Subject:

Status Request

Comments:

Please advise the status of this filing. Thank you

SERFF Tracking #: LFCR-130778344

State Tracking #: LFCR-130778344

Company Tracking #: VA LB-6301 2015 RATE
INCREASE RS

State: Virginia

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

Note To Reviewer

Created By:

Darlene Smith on 07/10/2019 03:50 PM

Last Edited By:

Bobby Toone

Submitted On:

07/06/2020 09:30 AM

Subject:

Regarding 7-9-19 Conference Call

Comments:

See excel attachment and response letter requested per conference call 7/9/19, thank you.

SERFF Tracking #: LFCR-130778344

State Tracking #: LFCR-130778344

Company Tracking #: VA LB-6301 2015 RATE
INCREASE RS

State: Virginia

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

Attachment LB-6301 Rate Increase History as of 07 09 19.xlsx is not a PDF document and cannot be reproduced here.



July 9, 2019

Bobby Toone
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Lincoln Benefit Life Company (NAIC No: 65595)
Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)
SERFF Tracking Number: LFCR-130778344

Dear Mr. Toone:

Thank you for your call today. I really appreciate you and Greg Smith taking time out of your busy schedule to discuss the subject filing with me.

As requested over the phone, please find the updated rate increase status workbook attached as *LB-6301 Rate Increase History as of 07 09 19*. The new approvals since the last submitted version (*LB-6301 Rate Increase History as of 04 02 19*) are summarized below for your convenience.

- RI 35% on 4/24/2019
- AZ 15% on 5/28/19 for re-filing
- MS 4.5% on 6/7/2019 for re-filing

We also had an update from TX DOI about a week ago that TX RS filing was pending upper management's review.

I'd like to address your concern about subsidizing other states.

- We re-file in those states that disapproved us or gave partial approvals until the equality is achieved.
- It was brought up in today's call that the state is considering a 35% offer for loss ratio (LR) block and 40% for rate stability (RS) block and the state is not willing to approve anything higher than the nationwide cumulative average increases due to the concern of subsidizing other states.

VA historical approvals are significantly less than the current nationwide cumulative average approval, which is 87% calculated in the rate increase status workbook. The current VA approval is:

- 37.46% for LR block (policies issued before Oct 1, 2003)
- 25% for RS block (policies issued on or after Oct 1, 2003).

To get to the nationwide average, a 36% increase is needed for LR block and 50% is needed for RS block. This is higher than the proposed offer by the state, especially for the RS block.

LTC insurers are facing ramifications where their original pricing assumptions are not met. As a result, many of them discontinue new sales or request rate increases on their closed blocks of business. However regulatory agencies often approve lower increase than requested or none at all. As the delayed rate increases have a significant impact on company's long-term sustainability, it's necessary to find a balanced solution for approving rates that will provide stability in coverage for insureds. Such a solution will preserve the private LTC market and prevent future reliance solely on public programs like Medicaid. In order to achieve



LifeCare Assurance Company
LifeCare Administrators
21600 Oxnard Street, Suite 1500
Post Office Box 4243
Woodland Hills, CA 91367
(818) 887-4436 / Fax (818) 887-4595

such a balance, more coordination is needed between regulators and companies in early filing and approval of actuarially justified rate increases.

Sincerely,

A handwritten signature in black ink, appearing to read "Xiaoyan Song", with a horizontal line extending to the right.

Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367
800-366-5463 ext. 2232
Xiaoyan.Song@LifeCareAssurance.com

State: Virginia

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

Note To Filer

Created By:

Greg Smith on 07/02/2018 09:37 AM

Last Edited By:

Bobby Toone

Submitted On:

06/03/2019 08:14 AM

Subject:

Response to Status Request of 6/27/28

Comments:

In response to your inquiries of 06/27/2018, both filings are currently under review and we'll get back to you in the next couple of weeks with a more detailed status update.

Thanks, and let me know if you have any other questions.

Bob Grissom
Chief Insurance Market Examiner
Market Regulation
Virginia Bureau of Insurance
804-371-9152

SERFF Tracking #: LFCR-130778344

State Tracking #: LFCR-130778344

Company Tracking #: VA LB-6301 2015 RATE
INCREASE RS

State: Virginia

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

Note To Reviewer

Created By:

Scarlett Nazari on 06/27/2018 05:02 PM

Last Edited By:

Bobby Toone

Submitted On:

06/03/2019 08:14 AM

Subject:

Status Request

Comments:

Please advise the status of this filing.

Thank you.

SERFF Tracking #: LFCR-130778344

State Tracking #: LFCR-130778344

Company Tracking #: VA LB-6301 2015 RATE
INCREASE RS

State: Virginia

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

Reviewer Note

Created By:

Bobby Toone on 10/15/2018 05:09 PM

Last Edited By:

Bobby Toone

Submitted On:

04/01/2020 08:43 AM

Subject:

RRS

Comments:

RRS1

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number:	Lincoln Benefit Life Company (NAIC: 65595)
SERFF Tracking Number:	LFCR-130778152
Effective Date:	Upon Approval

Revised Rates

Average Annual Premium Per Member:	\$3,368
Average Requested Percentage Rate Change Per Member:	50%
Minimum Requested Percentage Rate Change Per Member:	50%
Maximum Requested Percentage Rate Change Per Member:	50%
Number of Policy Holders Affected :	47

Plans Affected

(The Form Number and “Product Name”)

Form#	“Product Name”(if applicable)
LB-6301-P-VA(Q) LB-6301-P-VA(NQ) LB-6302-P-VA(Q) LB-6302-P-VA(NQ) LB-6303-P-VA(Q) LB-6303-P-VA(NQ) LB-6301-R1 LB-6301-R2 LB-6301-R3 LB-6301-R4 LB-6301-R5(Q) LB-6301-R5(NQ) LB-6301-R6 LB-6301-R8-VA LB-6301-R9-VA LB-6301-R10-VA(Q) LB-6301-R10-VA(NQ)	Senior Linc

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company’s request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Lincoln Benefit Life Company

**Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA (NQ), LB-6302-P-VA(Q), LB-6302-P-VA (NQ),
LB-6303-P-VA(Q), LB-6303-P-VA (NQ)**

Summary of Key Information Used to Determine Rates

Lincoln Benefit Life Company is requesting the approval of a 50% rate increase on the base rates for lifetime pay policies.

Premiums were determined based on a number of assumptions, such as how long policyholders keep their policy in force and how frequently claims are filed. As part of the in-force management of the business, the Company and its reinsurers regularly conduct experience analysis on the policies. Recent studies indicate that individuals are living longer and fewer people are terminating their coverage. Therefore, more benefits will be paid than originally projected. As a result, premiums must be adjusted to provide sufficient funds to pay current and future claims.

State: Virginia

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

Post Submission Update Request Processed On 11/02/2017

Status: Allowed
Created By: Darlene Smith
Processed By: Janet Houser
Comments:

Company Rate Information:

Company Name: Lincoln Benefit Life Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	230.000%	50.000%

State: Virginia Filing Company: Lincoln Benefit Life Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: SENIOR LINC
 Project Name/Number: /

Form Schedule

Lead Form Number: LB-E-BR-VA

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Withdrawn 11/02/2017	ENDORSEMENT	Moved to Supporting Documentati on	POLA	Initial			
2	Withdrawn 11/02/2017	ENDORSEMENT	Moved to Supporting Documentati on	POLA	Initial			
3	Filed 09/02/2020	Customer Notice	LB-6301-VA-CNF	OTH	Initial			LB-6301-VA-CNF.pdf
4	Filed 09/02/2020	Customer Notice	LB-6301-VA-NF	NOC	Initial			LB-6301-VA-NF.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

LINCOLN BENEFIT LIFE

[DATE]

[OWNER NAME]

[ADDRESS]

[ADDRESS]

Notice of Premium Rate Increase

Re: **Lincoln Benefit Life Company** Long-Term Care Insurance Policy [POLICY NUMBER]

The purpose of this letter is to advise you that premiums are being raised on all policies like yours. [The premiums originally charged for your policy were based on a number of assumptions, such as how long policyholders keep their policy in force and how frequently claims are filed. Because individuals are living longer and fewer people are terminating their coverage, more benefits will be paid than originally projected for policies like yours. As a result, premiums must be adjusted to provide sufficient funds to pay current and future claims.]

The premium for your long-term care insurance policy will increase effective [Month XX, 20YY], your next policy anniversary date. As a result, your [modal] premium payment will increase by [XX%], from [\$xxx.xx to \$yyy.yy], beginning with the premium payment that is due [Month XX, 20YY]. As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below. Your policy may be subject to further rate increases in the future, in which case we will make available similar options to mitigate the effect of an increase on your premiums. You may request a reduction in your policy benefits at any time.

[If you have qualified for Waiver of Premium, your premiums will continue to be waived at the higher amount. Should premiums again become due on your policy, your billing notice will reflect the increased premium. We will also provide you with an opportunity to discuss the following options available to you that may help offset the increase in premium.]

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Lincoln Benefit Life Company remains committed to meeting your long-term care protection needs. The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of

LB-6301-VA-CNF

Insurance's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>. In the event of any premium rate increase, you have the right to a revised premium rate or rate schedule. Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. **Some of these options may not be of equal value.** Before you adjust your benefits or decide to forgo this coverage completely, you should discuss options with your financial advisor. Please keep in mind if you reduce your benefits, you may be unable to increase them in the future.

- **Benefit Reduction:** By reducing your daily maximum benefit from [\$xxx.xx to \$yyy.yy], your [modal] premium would be [\$zzz.zz]. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- **Benefit Adjustment:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period or removing certain riders included with your policy. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit. For more information on these options, please contact our customer service associates at 888-503-8110.
- **Contingent Benefit Upon Lapse Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, Lincoln Benefit Life is offering a non-payment option to our long-term care customers. Under this option, if you choose not to pay any future premiums, instead of your policy lapsing and providing no future coverage, it will continue under its current terms, but benefits payable under the policy will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date. All benefits paid by the insurer while the policy is in premium paying status and in the paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact. Additionally, you have the right to request a revised premium rate or rate schedule for your policy.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by [Month XX, 20YY]. In doing so,

you will ensure your requested changes are processed prior to [Month XX, 20YY], the date on which the premium increase for your policy takes effect. If your Coverage Change Request Form is not received prior to [Month XX, 20YY], your benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy except as noted in the Contingent Benefit Upon Lapse Option as noted above.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-503-8110, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

Lincoln Benefit Life Company

enc

LINCOLN BENEFIT LIFE

[DATE]

[OWNER NAME]

[ADDRESS]

[ADDRESS]

Notice of Premium Rate Increase

Re: **Lincoln Benefit Life Company** Long-Term Care Insurance Policy [POLICY NUMBER]

The purpose of this letter is to advise you that premiums are being raised on all policies like yours. [The premiums originally charged for your policy were based on a number of assumptions, such as how long policyholders keep their policy in force and how frequently claims are filed. Because individuals are living longer and fewer people are terminating their coverage, more benefits will be paid than originally projected for policies like yours. As a result, premiums must be adjusted to provide sufficient funds to pay current and future claims.]

The premium for your long-term care insurance policy will increase effective [Month XX, 20YY], your next policy anniversary date. As a result, your [modal] premium payment will increase by [XX%], from [\$xxx.xx to \$yyy.yy], beginning with the premium payment that is due [Month XX, 20YY]. As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below. Your policy may be subject to further rate increases in the future, in which case we will make available similar options to mitigate the effect of an increase on your premiums. You may request a reduction in your policy benefits at any time.

[If you have qualified for Waiver of Premium, your premiums will continue to be waived at the higher amount. Should premiums again become due on your policy, your billing notice will reflect the increased premium. We will also provide you with an opportunity to discuss the following options available to you that may help offset the increase in premium.]

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Lincoln Benefit Life Company remains committed to meeting your long-term care protection needs. The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of

LB-6301-VA-NF

Insurance's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>. In the event of any premium rate increase, you have the right to a revised premium rate or rate schedule.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. **Some of these options may not be of equal value.** Before you adjust your benefits or decide to forgo this coverage completely, you should discuss options with your financial advisor. Please keep in mind if you reduce your benefits, you may be unable to increase them in the future.

- **Benefit Reduction:** By reducing your daily maximum benefit from [\$xxx.xx to \$yyy.yy], your [modal] premium would be [\$zzz.zz]. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- **Benefit Adjustment:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period or removing certain riders included with your policy. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit. For more information on these options, please contact our customer service associates at 888-503-8110.
- **Nonforfeiture Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, you may elect to exercise the nonforfeiture option provided by your policy. Under this option, if you choose not to pay any future premiums, your policy would lapse but coverage would continue according to the terms of your nonforfeiture rider. This option will automatically be provided if your policy lapses for non-payment of premium.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact. Additionally, you have the right to request a revised premium rate or rate schedule for your policy.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by [Month XX, 20YY]. In doing so, you will ensure your requested changes are processed prior to [Month XX, 20YY], the date on which the premium increase for your policy takes effect. If your Coverage Change Request Form is not received prior to [Month XX, 20YY], your benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy, except as noted in the Nonforfeiture Option as noted above.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-503-8110, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

Lincoln Benefit Life Company

enc

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	25.000%
Effective Date of Last Rate Revision:	05/25/2012
Filing Method of Last Filing:	SERFF
SERFF Tracking Number of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Lincoln Benefit Life Company	230.000%	50.000%	\$57,465	47	\$114,930	50.000%	50.000%

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		LB-6301 VA Proposed Rates (RS)	LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ), LB-6301-R1, LB-6301-R2, LB-6301-R3, LB-6301-R4, LB-6301-R5(Q), LB-6301-R5(NQ), LB-6301-R6, LB-6301-R8-VA, LB-6301-R9-VA, LB-6301-R10-VA(Q), LB-6301-R10-VA(NQ)	Revised	Previous State Filing Number: LFCR-126766913 Percent Rate Change Request: 50	LB-6301 VA Proposed Rates (RS).pdf,

Lincoln Benefit Life Insurance Company
 LB-6301-P-VA(Q) & LB-6301-P-VA(NQ) - Nursing Care Only
 Policies Issued on or after October 1, 2003
 Rates and Factors After 50% Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	Nursing Care \$10 DB		Nursing Care \$10 DB		Full Non Forfeiture LB-6301-R2	Limited Non Forfeiture LB-6301-R1	Shortened Benefit Period LB-6301-R3	Benefit Increase Factors				10-Pay Factor LB-E-125	1-Pay Factor LB-E-205	1-Pay with Non Forfeiture LB-E-206	Paid Up Survivor LB-6301-R6
	First Increase LB-6301-P-VA(Q)&(NQ)	Second Increase LB-6301-P-VA(Q)&(NQ)	Pre-enhanced					Enhanced							
							Lifetime Pay Compound LB-6301-R4	10 Pay Compound LB-6301-R4	Lifetime Pay Compound LB-6301-R4	10 Pay Compound LB-6301-R4	Lifetime Pay Simple LB-6301-R8-VA	10 Pay Simple LB-6301-R8-VA			
40	35.15	42.18	1.468	1.360	1.130	3.050	3.050	3.050	3.050	3.050	2.400	2.400	2.600	20.800	30.534
41	36.32	43.58	1.481	1.370	1.135	3.000	3.000	3.000	3.000	3.000	2.140	2.140	2.530	20.400	30.212
42	37.50	45.00	1.494	1.380	1.140	2.950	2.950	2.950	2.950	2.950	2.080	2.080	2.460	20.000	29.880
43	38.67	46.40	1.507	1.390	1.145	2.900	2.900	2.900	2.900	2.900	2.020	2.020	2.390	19.600	29.537
44	39.84	47.80	1.520	1.400	1.150	2.850	2.850	2.850	2.850	2.850	1.960	1.960	2.320	19.200	29.184
45	41.01	49.21	1.533	1.410	1.155	2.800	2.800	2.800	2.800	2.800	1.930	1.930	2.250	18.800	28.820
46	43.35	52.02	1.546	1.420	1.160	2.750	2.750	2.750	2.750	2.750	1.900	1.900	2.210	18.400	28.446
47	45.70	54.84	1.559	1.430	1.165	2.700	2.700	2.700	2.700	2.700	1.870	1.870	2.170	18.000	28.062
48	48.04	57.64	1.572	1.440	1.170	2.650	2.650	2.650	2.650	2.650	1.840	1.840	2.130	17.600	27.667
49	50.39	60.46	1.585	1.450	1.175	2.600	2.600	2.600	2.600	2.600	1.810	1.810	2.090	17.200	27.262
50	52.73	63.27	1.598	1.460	1.180	2.550	2.550	2.550	2.550	2.550	1.780	1.780	2.050	16.800	26.846
51	56.25	67.50	1.611	1.470	1.185	2.500	2.500	2.500	2.500	2.500	1.754	1.754	2.010	16.400	26.419
52	59.76	71.71	1.624	1.480	1.190	2.400	2.400	2.400	2.400	2.400	1.728	1.728	2.010	16.160	26.243
53	63.28	75.93	1.637	1.490	1.195	2.300	2.300	2.300	2.300	2.300	1.688	1.688	1.990	15.840	25.930
54	66.79	80.14	1.650	1.500	1.200	2.200	2.200	2.200	2.200	2.200	1.664	1.664	1.970	15.520	25.608
55	70.31	84.37	1.676	1.520	1.205	2.100	2.100	2.100	2.100	2.100	1.650	1.650	1.940	15.200	25.475
56	77.34	92.80	1.702	1.540	1.210	2.000	2.000	2.000	2.000	2.000	1.636	1.636	1.910	14.880	25.161
57	84.37	101.24	1.728	1.560	1.215	1.900	1.900	1.900	1.900	1.900	1.590	1.590	1.880	14.720	25.036
58	91.40	109.68	1.754	1.580	1.220	1.800	1.800	1.800	1.800	1.800	1.560	1.560	1.840	14.480	25.397
59	98.43	118.11	1.780	1.600	1.225	1.700	1.700	1.700	1.700	1.700	1.530	1.530	1.810	14.240	25.347
60	105.46	126.55	1.806	1.620	1.230	1.600	1.600	1.600	1.600	1.600	1.500	1.500	1.780	14.000	25.284
61	117.18	140.61	1.832	1.640	1.235	1.500	1.500	1.500	1.500	1.500	1.484	1.484	1.760	13.760	25.208
62	128.90	154.68	1.858	1.660	1.240	1.400	1.400	1.400	1.400	1.400	1.468	1.468	1.742	13.520	25.120
63	140.62	168.74	1.884	1.680	1.245	1.300	1.300	1.300	1.300	1.300	1.452	1.452	1.723	13.280	25.019
64	152.34	182.80	1.910	1.700	1.250	1.200	1.200	1.200	1.200	1.200	1.436	1.436	1.704	13.040	24.906
65	164.06	196.87	1.923	1.710	1.260	1.100	1.100	1.100	1.100	1.100	1.420	1.420	1.685	12.800	24.614
66	187.50	225.00	1.936	1.720	1.270	1.000	1.000	1.000	1.000	1.000	1.404	1.404	1.666	12.560	24.316
67	210.93	253.11	1.949	1.730	1.280	0.900	0.900	0.900	0.900	0.900	1.388	1.388	1.647	12.320	24.011
68	234.37	281.24	1.962	1.740	1.290	0.800	0.800	0.800	0.800	0.800	1.372	1.372	1.628	12.080	23.700
69	257.81	309.37	1.975	1.750	1.300	0.700	0.700	0.700	0.700	0.700	1.356	1.356	1.609	11.840	23.384
70	281.25	337.50	1.988	1.760	1.310	0.600	0.600	0.600	0.600	0.600	1.340	1.340	1.590	11.600	23.060
71	316.40	379.68	2.001	1.770	1.320	0.500	0.500	0.500	0.500	0.500	1.324	1.324	1.570	11.360	22.740
72	351.56	421.87	2.014	1.780	1.330	0.400	0.400	0.400	0.400	0.400	1.316	1.316	1.550	11.120	22.717
73	386.71	464.05	2.027	1.790	1.340	0.300	0.300	0.300	0.300	0.300	1.304	1.304	1.520	10.880	22.540
74	421.87	506.24	2.040	1.800	1.350	0.200	0.200	0.200	0.200	0.200	1.292	1.292	1.500	10.640	22.358
75	457.03	548.43	2.053	1.810	1.355	0.100	0.100	0.100	0.100	0.100	1.280	1.280	1.480	10.400	22.172
76	519.53	623.43	2.066	1.820	1.360	0.000	0.000	0.000	0.000	0.000	1.268	1.268	1.460	10.160	21.980
77	579.95	695.94	2.079	1.830	1.365	0.000	0.000	0.000	0.000	0.000	1.260	1.260	1.450	9.920	21.787
78	638.28	765.93	2.092	1.840	1.370	0.000	0.000	0.000	0.000	0.000	1.250	1.250	1.430	9.680	21.589
79	694.53	833.43	2.105	1.850	1.375	0.000	0.000	0.000	0.000	0.000	1.240	1.240	1.410	9.440	21.386
80	748.70	898.44	2.118	1.860	1.380	0.000	0.000	0.000	0.000	0.000	1.230	1.230	1.400	9.200	21.180
81	807.29	968.74	2.131	1.870	1.385	0.000	0.000	0.000	0.000	0.000	1.220	1.220	1.380	8.960	20.969
82	864.84	1,037.80	2.144	1.880	1.390	0.000	0.000	0.000	0.000	0.000	1.210	1.210	1.370	8.720	20.753
83	921.35	1,105.62	2.157	1.890	1.395	0.000	0.000	0.000	0.000	0.000	1.200	1.200	1.350	8.480	20.534
84	976.82	1,172.18	2.170	1.900	1.400	0.000	0.000	0.000	0.000	0.000	1.190	1.190	1.340	8.240	20.311

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode	
Preferred Nonsmoker	0.80	90-Day	1.00	Monthly	0.085
Preferred	1.00	30-Day	1.10	Quarterly	0.270
Standard	1.20	0-Day	1.20	Semi-Annual	0.520
				Annual	1.000
Joint Coverage Risk Class *		Benefit Period		Endorsed Group Discount	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70	Ages 40-64	0.85
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90	Ages 65-84	0.90
2 Preferreds	1.00				
1 Preferred Nonsmoker / 1 Standard	1.00				
1 Preferred / 1 Standard	1.10				
2 Standards	1.20				

* Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
LB-6302-P-VA(Q) & LB-6302-P-VA(NQ) - Comprehensive LTC

Policies Issued on or after October 1, 2003

Rates and Factors After 50% Increase

Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	Comprehensive LTC										Benefit Increase Factors										1-Pay Factor LB-E-205	1-Pay with Non Forfeiture LB-E-206	Paid Up Survivor LB-E-206		
	Per \$10 NC + \$10 HCBC First Increase LB-6302-P-VA(Q)&(NQ)		Per \$10 NC + \$10 HCBC Second Increase LB-6302-P-VA(Q)&(NQ)		Per \$10 NC + \$5 HCBC First Increase LB-6302-P-VA(Q)&(NQ)		Per \$10 NC + \$5 HCBC Second Increase LB-6302-P-VA(Q)&(NQ)		Full Non Forfeiture LB-6301-R2		Limited Non Forfeiture LB-6301-R1		Shortened Benefit Period LB-6301-R3		Pre-enhanced Lifetime Pay Compound LB-6301-R4		Enhanced Lifetime Pay Compound LB-6301-R4		Lifetime Pay Simple LB-6301-R5-VA					10 Pay Simple LB-6301-R5-VA	
	LB-6302-P-VA(Q)&(NQ)	LB-6302-P-VA(Q)&(NQ)	LB-6302-P-VA(Q)&(NQ)	LB-6302-P-VA(Q)&(NQ)	LB-6302-P-VA(Q)&(NQ)	LB-6302-P-VA(Q)&(NQ)	LB-6302-P-VA(Q)&(NQ)	LB-6302-P-VA(Q)&(NQ)	LB-6301-R2	LB-6301-R1	LB-6301-R3	LB-6301-R4	LB-6301-R4	LB-6301-R4	LB-6301-R4	LB-6301-R4	LB-6301-R4	LB-6301-R4	LB-6301-R4	LB-6301-R4				LB-6301-R4	LB-6301-R4
40	52.73	43.95	63.27	52.74	43.95	52.74	43.95	52.74	1.468	1.360	1.130	3.050	3.050	3.050	3.050	3.050	3.050	3.050	3.050	3.050	3.050	3.050	3.050		
41	54.50	45.40	65.40	54.48	45.40	54.48	45.40	54.48	1.481	1.370	1.135	3.000	3.000	3.000	3.000	3.000	3.000	3.000	3.000	3.000	3.000	3.000	3.000		
42	56.25	46.50	67.50	56.24	46.50	56.24	46.50	56.24	1.494	1.380	1.140	2.950	2.950	2.950	2.950	2.950	2.950	2.950	2.950	2.950	2.950	2.950	2.950		
43	58.01	48.01	69.61	58.00	48.01	69.61	48.01	58.00	1.507	1.390	1.145	2.900	2.900	2.900	2.900	2.900	2.900	2.900	2.900	2.900	2.900	2.900	2.900		
44	59.76	49.81	71.71	59.77	49.81	59.77	49.81	59.77	1.520	1.400	1.150	2.850	2.850	2.850	2.850	2.850	2.850	2.850	2.850	2.850	2.850	2.850	2.850		
45	61.53	51.26	73.83	61.51	51.26	73.83	51.26	61.51	1.533	1.410	1.155	2.800	2.800	2.800	2.800	2.800	2.800	2.800	2.800	2.800	2.800	2.800	2.800		
46	63.04	52.04	75.04	63.04	52.04	75.04	52.04	63.04	1.546	1.420	1.160	2.750	2.750	2.750	2.750	2.750	2.750	2.750	2.750	2.750	2.750	2.750	2.750		
47	64.56	52.77	76.56	64.56	52.77	76.56	52.77	64.56	1.559	1.430	1.165	2.700	2.700	2.700	2.700	2.700	2.700	2.700	2.700	2.700	2.700	2.700	2.700		
48	66.07	53.48	78.07	66.06	53.48	78.07	53.48	66.06	1.572	1.440	1.170	2.650	2.650	2.650	2.650	2.650	2.650	2.650	2.650	2.650	2.650	2.650	2.650		
49	67.59	54.19	79.59	67.59	54.19	79.59	54.19	67.59	1.585	1.450	1.175	2.600	2.600	2.600	2.600	2.600	2.600	2.600	2.600	2.600	2.600	2.600	2.600		
50	69.10	54.90	81.10	69.10	54.90	81.10	54.90	69.10	1.598	1.460	1.180	2.550	2.550	2.550	2.550	2.550	2.550	2.550	2.550	2.550	2.550	2.550	2.550		
51	70.61	55.61	82.61	70.61	55.61	82.61	55.61	70.61	1.611	1.470	1.185	2.500	2.500	2.500	2.500	2.500	2.500	2.500	2.500	2.500	2.500	2.500	2.500		
52	72.12	56.32	84.12	72.12	56.32	84.12	56.32	72.12	1.624	1.480	1.190	2.450	2.450	2.450	2.450	2.450	2.450	2.450	2.450	2.450	2.450	2.450	2.450		
53	73.63	57.03	85.63	73.63	57.03	85.63	57.03	73.63	1.637	1.490	1.195	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400		
54	75.14	57.74	87.14	75.14	57.74	87.14	57.74	75.14	1.650	1.500	1.200	2.350	2.350	2.350	2.350	2.350	2.350	2.350	2.350	2.350	2.350	2.350	2.350		
55	76.65	58.45	88.65	76.65	58.45	88.65	58.45	76.65	1.663	1.510	1.205	2.300	2.300	2.300	2.300	2.300	2.300	2.300	2.300	2.300	2.300	2.300	2.300		
56	78.16	59.16	90.16	78.16	59.16	90.16	59.16	78.16	1.676	1.520	1.210	2.250	2.250	2.250	2.250	2.250	2.250	2.250	2.250	2.250	2.250	2.250	2.250		
57	79.67	59.87	91.67	79.67	59.87	91.67	59.87	79.67	1.689	1.530	1.215	2.200	2.200	2.200	2.200	2.200	2.200	2.200	2.200	2.200	2.200	2.200	2.200		
58	81.17	60.57	93.17	81.16	60.57	93.17	60.57	81.16	1.702	1.540	1.220	2.150	2.150	2.150	2.150	2.150	2.150	2.150	2.150	2.150	2.150	2.150	2.150		
59	82.68	61.28	94.68	82.67	61.28	94.68	61.28	82.67	1.715	1.550	1.225	2.100	2.100	2.100	2.100	2.100	2.100	2.100	2.100	2.100	2.100	2.100	2.100		
60	84.19	61.99	96.19	84.18	61.99	96.19	61.99	84.18	1.728	1.560	1.230	2.050	2.050	2.050	2.050	2.050	2.050	2.050	2.050	2.050	2.050	2.050	2.050		
61	85.70	62.70	97.70	85.69	62.70	97.70	62.70	85.69	1.741	1.570	1.235	2.000	2.000	2.000	2.000	2.000	2.000	2.000	2.000	2.000	2.000	2.000	2.000		
62	87.21	63.41	99.21	87.20	63.41	99.21	63.41	87.20	1.754	1.580	1.240	1.950	1.950	1.950	1.950	1.950	1.950	1.950	1.950	1.950	1.950	1.950	1.950		
63	88.72	64.12	100.72	88.71	64.12	100.72	64.12	88.71	1.767	1.590	1.245	1.900	1.900	1.900	1.900	1.900	1.900	1.900	1.900	1.900	1.900	1.900	1.900		
64	90.23	64.83	102.23	90.22	64.83	102.23	64.83	90.22	1.780	1.600	1.250	1.850	1.850	1.850	1.850	1.850	1.850	1.850	1.850	1.850	1.850	1.850	1.850		
65	91.74	65.54	103.74	91.73	65.54	103.74	65.54	91.73	1.793	1.610	1.255	1.800	1.800	1.800	1.800	1.800	1.800	1.800	1.800	1.800	1.800	1.800	1.800		
66	93.25	66.25	105.25	93.24	66.25	105.25	66.25	93.24	1.806	1.620	1.260	1.750	1.750	1.750	1.750	1.750	1.750	1.750	1.750	1.750	1.750	1.750	1.750		
67	94.76	66.96	106.76	94.75	66.96	106.76	66.96	94.75	1.819	1.630	1.265	1.700	1.700	1.700	1.700	1.700	1.700	1.700	1.700	1.700	1.700	1.700	1.700		
68	96.27	67.67	108.27	96.26	67.67	108.27	67.67	96.26	1.832	1.640	1.270	1.650	1.650	1.650	1.650	1.650	1.650	1.650	1.650	1.650	1.650	1.650	1.650		
69	97.78	68.38	109.78	97.77	68.38	109.78	68.38	97.77	1.845	1.650	1.275	1.600	1.600	1.600	1.600	1.600	1.600	1.600	1.600	1.600	1.600	1.600	1.600		
70	99.29	69.09	111.29	99.28	69.09	111.29	69.09	99.28	1.858	1.660	1.280	1.550	1.550	1.550	1.550	1.550	1.550	1.550	1.550	1.550	1.550	1.550	1.550		
71	100.80	69.80	112.80	100.79	69.80	112.80	69.80	100.79	1.871	1.670	1.285	1.500	1.500	1.500	1.500	1.500	1.500	1.500	1.500	1.500	1.500	1.500	1.500		
72	102.31	70.51	114.31	102.30	70.51	114.31	70.51	102.30	1.884	1.680	1.290	1.450	1.450	1.450	1.450	1.450	1.450	1.450	1.450	1.450	1.450	1.450	1.450		
73	103.82	71.22	115.82	103.81	71.22	115.82	71.22	103.81	1.897	1.690	1.295	1.400	1.400	1.400	1.400	1.400	1.400	1.400	1.400	1.400	1.400	1.400	1.400		
74	105.33	71.93	117.33	105.32	71.93	117.33	71.93	105.32	1.910	1.700	1.300	1.350	1.350	1.350	1.350	1.350	1.350	1.350	1.350	1.350	1.350	1.350	1.350		
75	106.84	72.64	118.84	106.83	72.64	118.84	72.64	106.83	1.923	1.710	1.305	1.300	1.300	1.300	1.300	1.300	1.300	1.300	1.300	1.300	1.300	1.300	1.300		
76	108.35	73.35	120.35	108.34	73.35	120.35	73.35	108.34	1.936	1.720	1.310	1.250	1.250	1.250	1.250	1.250	1.250	1.250	1.250	1.250	1.250	1.250	1.250		
77	109.86	74.06	121.86	109.85	74.06	121.86	74.06	109.85	1.949	1.730	1.315	1.200	1.200	1.200	1.200	1.200	1.200	1.200	1.200	1.200	1.200	1.200	1.200		
78	111.37	74.77	123.37	111.36	74.77	123.37	74.77	111.36	1.962	1.740	1.320	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150		
79	112.88	75.48	124.88	112.87	75.48	124.88	75.48	112.87	1.975	1.750	1.325	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100		
80	114.39	76.19	126.39	114.38	76.19	126.39	76.19	114.38	1.988	1.760	1.330	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050	1.050		
81	115.90	76.90	127.90	115.89	76.90	127.90	76.90	115.89	2.001	1.770	1.335	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000		
82	117.41	77.61	129.41	117.40	77.61	129.41	77.61	117.40	2.014	1.780	1.340	0.950	0.950	0.950	0.950	0.950	0.950	0.950	0.950	0.950	0.950	0.950	0.950		
83	118.92	78.32	130.92	118.91	78.32	130.92	78.32	118.91	2.027	1.790	1.345	0.900	0.900	0.900	0.900	0.900	0.900	0.900	0.900	0.900	0.900	0.900	0.900		
84	120.43	79.03	132.43	120.42	79.03	132.43	79.03	120.42	2.040	1.800	1.350	0.850	0.850	0.850	0.850	0.850	0.850	0.850	0.850	0.850	0.850	0.850	0.850		

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode	
Preferred Nonsmoker	0.80	90-Day	1.00	Monthly	0.085
Preferred	1.00	30-Day	1.10	Quarterly	0.265
Standard	1.20	0-Day	1.20	Semi-Annual	0.520
Joint Coverage Risk Class *		Benefit Period		Waiver of Premium Rider (LB-6301-R9-VA)	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70	Enhanced	1.10
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90	50% HCBC	1.15
2 Preferreds	1.00	HCBC Indemnity Rider		Pre-Enhanced	1.15
1 Preferred Nonsmoker / 1 Standard	1.00	LB-6301-R10-VA(Q)&(NQ)		50% HCBC	1.20
1 Preferred / 1 Standard	1.10			100% HCBC	1.20
2 Standards	1.20	Enhanced	1.12		
		Pre-Enhanced	1.16		

* Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6303-P-VA(Q) & LB-6303-P-VA(NQ) - HCBC Only
 Policies Issued on or after October 1, 2003
 Rates and Factors After 50% Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 0-Day Elimination Period

Issue Age	HCBC \$10 DB Annual Rates * LB-6303-P-VA(Q)&(NQ)	HCBC \$10 DB Annual Rates * LB-6303-P-VA(Q)&(NQ)	Full Non Forfeiture LB-6301-R2	Limited Non Forfeiture LB-6301-R1	Shortened Benefit Period LB-6301-R3	Benefit Increase Factors		
						Pre-Enhanced Compound LB-6301-R4	Enhanced Compound LB-6301-R4	Simple LB-6301-R8-VA
40	29.89	35.86	1.468	1.360	1.130	3.050	3.050	2.200
41	30.87	37.04	1.481	1.370	1.135	3.000	3.000	2.140
42	31.87	38.24	1.494	1.380	1.140	2.950	2.950	2.080
43	32.87	39.44	1.507	1.390	1.145	2.900	2.900	2.020
44	33.87	40.64	1.520	1.400	1.150	2.850	2.850	1.960
45	34.85	41.82	1.533	1.410	1.155	2.800	2.800	1.930
46	36.85	44.22	1.546	1.420	1.160	2.750	2.750	1.900
47	38.84	46.60	1.559	1.430	1.165	2.700	2.700	1.870
48	40.84	49.00	1.572	1.440	1.170	2.650	2.650	1.840
49	42.82	51.38	1.585	1.450	1.175	2.600	2.600	1.810
50	44.82	53.78	1.598	1.460	1.180	2.550	2.550	1.780
51	47.81	57.37	1.611	1.470	1.185	2.500	2.500	1.754
52	50.79	60.94	1.624	1.480	1.190	2.400	2.400	1.728
53	53.79	64.54	1.637	1.490	1.195	2.300	2.300	1.702
54	56.78	68.13	1.650	1.500	1.200	2.200	2.200	1.676
55	59.76	71.71	1.676	1.520	1.205	2.100	2.100	1.650
56	65.75	78.90	1.702	1.540	1.210	2.000	2.000	1.620
57	71.71	86.05	1.728	1.560	1.215	1.900	1.900	1.590
58	77.70	93.24	1.754	1.580	1.220	1.800	1.800	1.560
59	83.67	100.40	1.780	1.600	1.225	1.700	1.700	1.530
60	89.65	107.58	1.806	1.620	1.230	1.600	1.600	1.500
61	99.60	119.52	1.832	1.640	1.235	1.580	1.580	1.484
62	109.57	131.48	1.858	1.660	1.240	1.560	1.560	1.468
63	119.53	143.43	1.884	1.680	1.245	1.540	1.540	1.452
64	129.50	155.40	1.910	1.700	1.250	1.520	1.520	1.436
65	139.45	167.34	1.923	1.710	1.260	1.500	1.500	1.420
66	159.37	191.24	1.936	1.720	1.270	1.480	1.480	1.404
67	179.29	215.14	1.949	1.730	1.280	1.460	1.460	1.388
68	199.21	239.05	1.962	1.740	1.290	1.440	1.440	1.372
69	219.14	262.96	1.975	1.750	1.300	1.420	1.420	1.356
70	239.06	286.87	1.988	1.760	1.310	1.400	1.400	1.340
71	268.95	322.74	2.001	1.770	1.320	1.380	1.380	1.328
72	298.82	358.58	2.014	1.780	1.330	1.360	1.360	1.316
73	328.71	394.45	2.027	1.790	1.340	1.340	1.340	1.304
74	358.59	430.30	2.040	1.800	1.350	1.320	1.320	1.292
75	388.48	466.17	2.053	1.810	1.355	1.300	1.300	1.280
76	441.61	529.93	2.066	1.820	1.360	1.290	1.290	1.270
77	492.96	591.55	2.079	1.830	1.365	1.280	1.280	1.260
78	542.55	651.06	2.092	1.840	1.370	1.270	1.270	1.250
79	590.36	708.43	2.105	1.850	1.375	1.260	1.260	1.240
80	636.40	763.68	2.118	1.860	1.380	1.250	1.250	1.230
81	686.20	823.44	2.131	1.870	1.385	1.240	1.240	1.220
82	735.12	882.14	2.144	1.880	1.390	1.230	1.230	1.210
83	783.15	939.78	2.157	1.890	1.395	1.220	1.220	1.200
84	830.31	996.37	2.170	1.900	1.400	1.210	1.210	1.190

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6303-P-VA(Q) & LB-6303-P-VA(NQ) - HCBC Only
 Policies Issued on or after October 1, 2003
 Rates and Factors After 50% Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 30-Day Elimination Period

Issue Age	HCBC \$10 DB Annual Rates * LB-6303-P-VA(Q)&(NQ)	HCBC \$10 DB Annual Rates * LB-6303-P-VA(Q)&(NQ)	Full Non Forfeiture LB-6301-R2	Limited Non Forfeiture LB-6301-R1	Shortened Benefit Period LB-6301-R3	Benefit Increase Factors		
						Pre-Enhanced Compound LB-6301-R4	Enhanced Compound LB-6301-R4	Simple LB-6301-R8-VA
40	27.39	32.86	1.468	1.360	1.130	3.050	3.050	2.200
41	28.30	33.96	1.481	1.370	1.135	3.000	3.000	2.140
42	29.21	35.05	1.494	1.380	1.140	2.950	2.950	2.080
43	30.13	36.15	1.507	1.390	1.145	2.900	2.900	2.020
44	31.05	37.26	1.520	1.400	1.150	2.850	2.850	1.960
45	31.95	38.34	1.533	1.410	1.155	2.800	2.800	1.930
46	33.78	40.53	1.546	1.420	1.160	2.750	2.750	1.900
47	35.60	42.72	1.559	1.430	1.165	2.700	2.700	1.870
48	37.44	44.92	1.572	1.440	1.170	2.650	2.650	1.840
49	39.25	47.10	1.585	1.450	1.175	2.600	2.600	1.810
50	41.09	49.30	1.598	1.460	1.180	2.550	2.550	1.780
51	43.82	52.58	1.611	1.470	1.185	2.500	2.500	1.754
52	46.56	55.87	1.624	1.480	1.190	2.400	2.400	1.728
53	49.31	59.17	1.637	1.490	1.195	2.300	2.300	1.702
54	52.04	62.44	1.650	1.500	1.200	2.200	2.200	1.676
55	54.78	65.73	1.676	1.520	1.205	2.100	2.100	1.650
56	60.27	72.32	1.702	1.540	1.210	2.000	2.000	1.620
57	65.74	78.88	1.728	1.560	1.215	1.900	1.900	1.590
58	71.22	85.46	1.754	1.580	1.220	1.800	1.800	1.560
59	76.69	92.02	1.780	1.600	1.225	1.700	1.700	1.530
60	82.18	98.61	1.806	1.620	1.230	1.600	1.600	1.500
61	91.30	109.56	1.832	1.640	1.235	1.580	1.580	1.484
62	100.44	120.52	1.858	1.660	1.240	1.560	1.560	1.468
63	109.57	131.48	1.884	1.680	1.245	1.540	1.540	1.452
64	118.70	142.44	1.910	1.700	1.250	1.520	1.520	1.436
65	127.83	153.39	1.923	1.710	1.260	1.500	1.500	1.420
66	146.09	175.30	1.936	1.720	1.270	1.480	1.480	1.404
67	164.35	197.22	1.949	1.730	1.280	1.460	1.460	1.388
68	182.61	219.13	1.962	1.740	1.290	1.440	1.440	1.372
69	200.87	241.04	1.975	1.750	1.300	1.420	1.420	1.356
70	219.14	262.96	1.988	1.760	1.310	1.400	1.400	1.340
71	246.54	295.84	2.001	1.770	1.320	1.380	1.380	1.328
72	273.92	328.70	2.014	1.780	1.330	1.360	1.360	1.316
73	301.32	361.58	2.027	1.790	1.340	1.340	1.340	1.304
74	328.71	394.45	2.040	1.800	1.350	1.320	1.320	1.292
75	356.11	427.33	2.053	1.810	1.355	1.300	1.300	1.280
76	404.81	485.77	2.066	1.820	1.360	1.290	1.290	1.270
77	451.88	542.25	2.079	1.830	1.365	1.280	1.280	1.260
78	497.33	596.79	2.092	1.840	1.370	1.270	1.270	1.250
79	541.16	649.39	2.105	1.850	1.375	1.260	1.260	1.240
80	583.37	700.04	2.118	1.860	1.380	1.250	1.250	1.230
81	629.02	754.82	2.131	1.870	1.385	1.240	1.240	1.220
82	673.86	808.63	2.144	1.880	1.390	1.230	1.230	1.210
83	717.89	861.46	2.157	1.890	1.395	1.220	1.220	1.200
84	761.11	913.33	2.170	1.900	1.400	1.210	1.210	1.190

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6303-P-VA(Q) & LB-6303-P-VA(NQ) - HCBC Only
 Policies Issued on or after October 1, 2003
 Rates and Factors After 50% Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90-Day Elimination Period

Issue Age	HCBC \$10 DB Annual Rates * LB-6303-P-VA(Q)&(NQ)	HCBC \$10 DB Annual Rates * LB-6303-P-VA(Q)&(NQ)	Full Non Forfeiture LB-6301-R2	Limited Non Forfeiture LB-6301-R1	Shortened Benefit Period LB-6301-R3	Benefit Increase Factors		
						Pre-Enhanced Compound LB-6301-R4	Enhanced Compound LB-6301-R4	Simple LB-6301-R8-VA
40	24.90	29.88	1.468	1.360	1.130	3.050	3.050	2.200
41	25.72	30.86	1.481	1.370	1.135	3.000	3.000	2.140
42	26.56	31.87	1.494	1.380	1.140	2.950	2.950	2.080
43	27.39	32.86	1.507	1.390	1.145	2.900	2.900	2.020
44	28.22	33.86	1.520	1.400	1.150	2.850	2.850	1.960
45	29.04	34.84	1.533	1.410	1.155	2.800	2.800	1.930
46	30.71	36.85	1.546	1.420	1.160	2.750	2.750	1.900
47	32.36	38.83	1.559	1.430	1.165	2.700	2.700	1.870
48	34.03	40.83	1.572	1.440	1.170	2.650	2.650	1.840
49	35.69	42.82	1.585	1.450	1.175	2.600	2.600	1.810
50	37.35	44.82	1.598	1.460	1.180	2.550	2.550	1.780
51	39.84	47.80	1.611	1.470	1.185	2.500	2.500	1.754
52	42.33	50.79	1.624	1.480	1.190	2.400	2.400	1.728
53	44.83	53.79	1.637	1.490	1.195	2.300	2.300	1.702
54	47.31	56.77	1.650	1.500	1.200	2.200	2.200	1.676
55	49.80	59.76	1.676	1.520	1.205	2.100	2.100	1.650
56	54.79	65.74	1.702	1.540	1.210	2.000	2.000	1.620
57	59.76	71.71	1.728	1.560	1.215	1.900	1.900	1.590
58	64.75	77.70	1.754	1.580	1.220	1.800	1.800	1.560
59	69.72	83.66	1.780	1.600	1.225	1.700	1.700	1.530
60	74.71	89.65	1.806	1.620	1.230	1.600	1.600	1.500
61	83.00	99.60	1.832	1.640	1.235	1.580	1.580	1.484
62	91.31	109.57	1.858	1.660	1.240	1.560	1.560	1.468
63	99.60	119.52	1.884	1.680	1.245	1.540	1.540	1.452
64	107.91	129.49	1.910	1.700	1.250	1.520	1.520	1.436
65	116.21	139.45	1.923	1.710	1.260	1.500	1.500	1.420
66	132.81	159.37	1.936	1.720	1.270	1.480	1.480	1.404
67	149.41	179.29	1.949	1.730	1.280	1.460	1.460	1.388
68	166.01	199.21	1.962	1.740	1.290	1.440	1.440	1.372
69	182.61	219.13	1.975	1.750	1.300	1.420	1.420	1.356
70	199.21	239.05	1.988	1.760	1.310	1.400	1.400	1.340
71	224.12	268.94	2.001	1.770	1.320	1.380	1.380	1.328
72	249.02	298.82	2.014	1.780	1.330	1.360	1.360	1.316
73	273.93	328.71	2.027	1.790	1.340	1.340	1.340	1.304
74	298.82	358.58	2.040	1.800	1.350	1.320	1.320	1.292
75	323.73	388.47	2.053	1.810	1.355	1.300	1.300	1.280
76	368.01	441.61	2.066	1.820	1.360	1.290	1.290	1.270
77	410.80	492.96	2.079	1.830	1.365	1.280	1.280	1.260
78	452.12	542.54	2.092	1.840	1.370	1.270	1.270	1.250
79	491.96	590.35	2.105	1.850	1.375	1.260	1.260	1.240
80	530.33	636.39	2.118	1.860	1.380	1.250	1.250	1.230
81	571.83	686.19	2.131	1.870	1.385	1.240	1.240	1.220
82	612.60	735.12	2.144	1.880	1.390	1.230	1.230	1.210
83	652.63	783.15	2.157	1.890	1.395	1.220	1.220	1.200
84	691.92	830.30	2.170	1.900	1.400	1.210	1.210	1.190

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Cert of Compliance.pdf
Item Status:	Received & Acknowledged
Status Date:	11/02/2017

Satisfied - Item:	Product Checklist
Comments:	Reviewed
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	11/02/2017

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	LB-6301 Rate Filing Actuarial Memo VA with Exhibits (RS).pdf
Item Status:	Received & Acknowledged
Status Date:	11/02/2017

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	LB-6301 Rate Request Summary VA (RS).pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA Readability Certification LB-E-BR-VA.pdf VA Readability Certification LB-E-CNF-VA.pdf LB-6301-VA-CNF Readability Certification.pdf LB-6301-VA-NF Readability Certification.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020

Satisfied - Item:	TPA Authorization Letter
Comments:	

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Attachment(s):	LB-6301 & LB-7000 Rate Filing Authorization Letter.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB6301 Virginia (Rate Increase filing) Endorsement SOV
Comments:	
Attachment(s):	LB6301 Virginia (Rate Increase filing) Endorsement SOV.pdf
Item Status:	Received & Acknowledged
Status Date:	11/02/2017
Satisfied - Item:	Customer Notice
Comments:	Moved to Form Schedule
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	Customer Notice SOV
Comments:	
Attachment(s):	Customer Notice SOV.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	Endorsements
Comments:	
Attachment(s):	LB-E-BR-VA.pdf LB-E-CNF-VA.pdf
Item Status:	Received & Acknowledged
Status Date:	11/02/2017
Satisfied - Item:	LB-6301 VA Response Attachment (RS)
Comments:	
Attachment(s):	LB-6301 VA Response Attachment (RS).xlsx
Item Status:	Received & Acknowledged
Status Date:	11/02/2017
Satisfied - Item:	LB-6301 VA Current Rates (RS)
Comments:	

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Attachment(s):	LB-6301 VA Current Rates (RS).pdf
Item Status:	Received & Acknowledged
Status Date:	11/02/2017
Satisfied - Item:	LB-6301 VA RS Response Letter 10 16 17
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 10 16 17.pdf
Item Status:	Received & Acknowledged
Status Date:	11/02/2017
Satisfied - Item:	LB-6301 VA RS Response Letter 12 01 17
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 12 01 17.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301 VA Response Attachment (RS) 12 01 17
Comments:	
Attachment(s):	LB-6301 VA Response Attachment (RS) 12 01 17.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301 VA RS Response Letter 12 21 17
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 12 21 17.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301 VA RS Response Letter 10 02 18
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 10 02 18.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301 VA RS Response Letter 03 08 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 03 08 19.pdf

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301 Rate Increase History as of 04 02 19
Comments:	
Attachment(s):	LB-6301 Rate Increase History as of 04 02 19.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301 VA RS Response Letter 04 02 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 04 02 19.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301-VA-CNF (John Doe) & LB-6301-VA-NF (John Doe)
Comments:	
Attachment(s):	LB-6301-VA-CNF (John Doe).pdf LB-6301-VA-NF (John Doe).pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301 VA RS Response Letter 04 24 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 04 24 19.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	Coverage Change Request Forms
Comments:	
Attachment(s):	LB-6301-VA-CNF-CCR.pdf LB-6301-VA-NF-CCR.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301 VA RS Response Letter 05 14 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 05 14 19.pdf

State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301 VA RS Response Letter 05 31 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 05 31 19.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301 VA RS Response Letter 06 28 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 06 28 19.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301 VA RS Response Letter 07 24 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 07 24 19.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301-VA-CNF-CCR (John Doe) & LB-6301-VA-NF-CCR (John Doe)
Comments:	
Attachment(s):	LB-6301-VA-CNF-CCR (John Doe).pdf LB-6301-VA-NF-CCR (John Doe).pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301 VA RS Response Letter 07 11 19
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 07 11 19.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301 VA RS Response Letter 01 21 20
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 01 21 20.pdf

SERFF Tracking #: LFCR-130778344 **State Tracking #:** LFCR-130778344 **Company Tracking #:** VA LB-6301 2015 RATE INCREASE RS

State: Virginia **Filing Company:** Lincoln Benefit Life Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Item Status:	Received & Acknowledged
Status Date:	09/02/2020
Satisfied - Item:	LB-6301 VA RS Response Letter 07 06 20
Comments:	
Attachment(s):	LB-6301 VA RS Response Letter 07 06 20.pdf
Item Status:	Received & Acknowledged
Status Date:	09/02/2020

SERFF Tracking #:	LFCR-130778344	State Tracking #:	LFCR-130778344	Company Tracking #:	VA LB-6301 2015 RATE INCREASE RS
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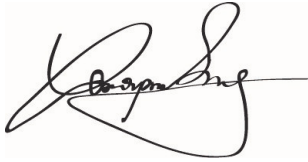
State:	Virginia	Filing Company:	Lincoln Benefit Life Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	SENIOR LINC		
Project Name/Number:	/		

Attachment LB-6301 VA Response Attachment (RS).xlsx is not a PDF document and cannot be reproduced here.

Submitted By: Xiaoyan Song, FSA, MAAA, FLMI, LTCP

CERTIFICATION

The company has reviewed the enclosed policy form(s) and certified that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.



Name: Xiaoyan Song, FSA, MAAA, FLMI, LTCP

Title : Consulting Actuary

Date: 9/29/2016

Lincoln Benefit Life Company

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Administrative Office: Post Office Box 4243

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Nursing Care Only Policy:

Form LB-6301-P-VA(Q)&(NQ)

Comprehensive Long Term Care Policy:

Form LB-6302-P-VA(Q)&(NQ)

Home and Community Based Care Policy:

Form LB-6303-P-VA(Q)&(NQ)

The above referenced individual Long Term Care (LTC) policy forms provide benefits for confinement in a qualified Nursing Facility, Assisted Living Facility, or for Home and Community Based Care. They were issued in Virginia from 1998 to 2004. Midway through this issue period, certain contracts (referred to as “enhanced”) were issued with additional benefits and different rates for the benefit increase riders. Both pre-enhanced and enhanced policies are included in the scope of this filing. Collectively they are known as the SENIOR LINC series. These policy forms are no longer being marketed in any state. This memorandum is applicable to Rate Stabilized policies issued on or after October 1, 2003.

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1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of documenting a proposed rate increase and demonstrating that the rates meet the requirements in the statutes of Virginia. It may not be suitable for other purposes.

2. Requested Rate Increase

The company is requesting an increase, which does not vary by policy form or issue age. Experience termination rates for inforce policies and policies in claim status are substantially lower than expected, resulting in expected loss ratios which would not be sustainable under the current premiums.

The base rate increase is 50% for lifetime-pay policies only. The new premium for any contract is equal to the product of the contract's current premium and one plus the base premium increase percentage.

Rate increase impact exhibits are in attachment A.

3. Premiums

Premiums are unisex, level and payable either as a single premium or for either ten years or life. For each policy form, the premiums vary by issue age, initial daily benefit, benefit period, elimination period, risk class, individual vs. joint coverage and the riders selected. Limited-pay contracts will not be affected by this rate schedule change.

Please see attachments B1.1-B3.3 for rates:

B1.1	LB-6301-P-VA current rates
B1.2	LB-6301-P-VA proposed rates
B1.3	LB-6301-P-VA proposed increase
B2.1	LB-6302-P-VA current rates
B2.2	LB-6302-P-VA proposed rates
B2.3	LB-6302-P-VA proposed increase

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B3.0.1	LB-6303-P-VA (0-Day Elimination Period) current rates
B3.0.2	LB-6303-P-VA (0-Day Elimination Period) proposed rates
B3.30.1	LB-6303-P-VA (30-Day Elimination Period) current rates
B3.30.2	LB-6303-P-VA (30-Day Elimination Period) proposed rates
B3.90.1	LB-6303-P-VA (90-Day Elimination Period) current rates
B3.90.2	LB-6303-P-VA (90-Day Elimination Period) proposed rates
B3.3	LB-6303-P-VA proposed increase

Please note that the actual rates implemented may vary from those in rate pages slightly due to implementation rounding algorithms.

4. Description of Benefits

These are individually underwritten policies that provide nursing care only, home and community based care only, or comprehensive long term care coverage. The policies and riders are available as lifetime coverage with an unlimited benefit period or for 3 or 5 years benefit periods. Under the Nursing Care and Comprehensive policies, restoration of the benefit period is provided if the insured is not eligible to receive benefits for at least 180 consecutive days.

Maximum total benefits for all claim benefit periods combined are: 3 Years — 2,190 Days 5 Years — 3,650 Days

The policies and riders are available with an elimination period of 0, 30, or 90 days. The elimination period is a cumulative lifetime deductible. After satisfaction of the elimination period, no further elimination period will be required for any subsequent claims.

Nursing Care Only Policy – \$10.00 per day of Nursing Care Benefit (skilled, intermediate or custodial/personal nursing care) while confined in a qualified Nursing Care Facility or an Assisted Living Facility.

Bed Reservation Benefit pays \$10.00 per day, up to 21 days per calendar year, when insured incurs charges to reserve a bed in a Nursing Care Facility during hospitalization.

Alternative Plan of Care Benefit provides medical or non-medical benefits agreed upon by the insured, the physician and the Company which may enable the insured to end Nursing Care Facility confinement and recover at home or in an alternative facility.

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Waiver of Premium Benefit is provided after confinement in a Nursing Care Facility or an Assisted Living Facility for a period of 60 calendar days.

Personal Care Advisor, accessible through toll-free telephone number, is available to insured to provide assistance with any questions about their coverage.

Comprehensive Long Term Care Policy – This policy pays all benefits listed above for the Nursing Care Policy, plus a Home and Community Based Care Benefit: 100% of actual expenses incurred up to the maximum daily benefit chosen for services provided by a licensed professional nurse or therapist, adult day care, respite care (maximum of 14 days per calendar year), hospice care, homemaker services and services provided by a qualified Home Care Agency. Benefits are payable after the elimination period. The insured may choose a maximum daily benefit of either 50% or 100% of the daily benefit for Nursing Care and may also choose a benefit period less than or equal to the benefit period for Nursing Care.

Home and Community Based Care Policy – This policy pays 100% of actual expenses incurred up to the maximum daily benefit chosen for services provided by a licensed professional nurse or therapist, adult day care, respite care (maximum of 14 days per calendar year), hospice care, homemaker services and services provided by a qualified Home Care Agency. Benefits are payable after the elimination period.

Optional Benefits – Optional riders may include full/limited/shortened benefit period nonforfeiture, compound/simple benefit increase, paid-up survivor, waiver of premium, and indemnity benefits.

5. Marketing Method

These policy forms were marketed by individual agents of Lincoln Benefit Life Company.

6. Underwriting Description

These policy forms were fully underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, paramedical functional assessments, personal history interviews, and MIB searches.

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7. Renewability

These policies are guaranteed renewable for life.

8. Applicability

This filing is applicable to all lifetime-pay policies issued in Virginia on the above referenced forms. Since these forms and riders are no longer being sold, the rate increase will only apply to in-force lifetime-pay policies.

9. Actuarial Assumptions

a. Lapse and rate increase impact

Attachment C includes a comparison of original pricing, actual, and best estimate voluntary lapse rates.

Rate increase impact assumptions:

- 50% of the premium increase is assumed to occur in 2016, 50% in 2017.
- An extra 3% of the policyholders with a rate increase are assumed to lapse.
- 11% of the policyholders with a rate increase are assumed to keep their premium level and reduce their benefit proportionally.

b. Mortality

Attachment D1 includes a comparison of pricing, experience and best estimate mortality.

Pricing: 1975-80 Select and Ultimate

Best estimate: Attained age mortality is 85% of the 1994 Group Annuity Mortality Table for ages 85 and younger and grade to 100% of the 1994 Group Annuity Mortality Table at age 90 and older, with duration selection factors, shown in attachment D2.

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c. Claims

Attachment E1.1 compares best estimate with original pricing ultimate unisex incidence rates. It also includes inforce adjustment factors.

Inforce Adjustment Factors are used to account for the fact that inforce counts are not reduced by claim incidence. The factor applied to the incidence varies by attained age and duration of the policy.

Attachment E2.1 shows the comparison of actual and expected (original pricing) incidence.

Attachment E1.2 includes the comparison of best estimate and original pricing length of stay for lifetime benefit period, 90 day elimination period policies with and without 5% Compound COLA. The best estimate claim length of stay is based on SOA 1984-2007 LTC Intercompany Study Report and reinsurer's experience.

Attachment E2.2 shows the actual to expected (original pricing) claim termination rate.

Pricing Claim Costs for skilled, intermediate aid Facility Care Benefits are derived from The Reports of the Society of Actuaries based on the 1985 National Nursing Home Survey Utilization Data in Transactions, Society of Actuaries, 1988-89-90 Reports; and the Long Term Care Intercompany Study: 1984-1991 Experience in Transactions, Society of Actuaries, 1993-94 Reports. Claim costs factors shown in the original actuarial memorandum are applied to the inforce lives and represent the expected cost per life of incurred benefits.

Claim costs for Home and Community Based Care Benefit are decreasing percentages of Nursing Care claim costs derived from information provided by a reinsurer.

Claim costs for the Shortened Benefit Period Nonforfeiture Rider, the Limited and the Full Nonforfeiture Rider are developed by using mortality rates and nonforfeiture benefits appropriate at each duration.

For the Benefit Increase Riders, the foregoing claim costs are increased by 5% each duration (simple interest rider) or compounded by 5% each duration (compound interest rider) to obtain the actual claim costs by duration.

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Claim costs were adjusted to accommodate the Waiver of Premium, which is treated as an increment of the daily benefit.

Joint claim cost factors:

Original Pricing: 150% of the individual claim costs

Best Estimates: 72% of the claim costs of each insured

Underwriting selection factors:

Original Pricing: 10%, 20%, 40%, 60%, 80%, 100% durations 6 & later

Best estimates: 10%, 20%, 40%, 60%, 80%, 100% durations 6 & later

d. Interest

Original Pricing: 7.5% for pre-enhanced policies; 7% for enhanced policies

Best Estimate: 5.0%

e. Expenses

Expenses have not been explicitly projected. It is assumed that the originally filed expenses assumptions remain appropriate and that renewal commission rates will apply to the increased premium.

10. Issue Age Range

The issue ages are from 40 to 84 on an age nearest birthday basis, except for endorsed groups where the issue age range is 18 to 84.

11. Area Factors

Area factors were not used in pricing for the above-listed policy forms.

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12. Modal Premium Factors

The following modal factors are applied to the annual premium (AP):

Premium Mode	Modal Factors
Annual	$1.00 \times AP$
Semi-Annual	$0.52 \times AP$
Quarterly	$0.27 \times AP$
PAC/EFT	$0.085 \times AP$

13. Claim Liability and Reserves

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2015 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve (IBNR) balances as of December 31, 2015 have been allocated to a calendar year of incurral and included in historic incurred claims. Paid claims have been discounted to the incurral date and included in historical incurred claims. Claim Reserves are calculated for active and pending claimants as present value of benefit payments discounted by interest and terminations. The IBNR is based on lag factors which are applied to the claim reserves and survivor payments based on the difference between the incurral date and the valuation date.

14. Trend Assumptions

An explicit medical cost trend is not included in the projections.

15. Past and Future Policy Experience

Earned premiums and incurred claims for projection years 2016 through 2055 are developed from a projection model representing actual contracts in force as of December 31, 2015. The best estimate assumptions described above for morbidity, voluntary lapse, and mortality are used to project life years, earned premiums and incurred claims. Projections are for lifetime-pay policies only.

Nationwide and statewide historical experience and projections without and with proposed rate increase are shown as

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follows:

Nationwide: Attachment F

Virginia: Attachment G

Historical experience is shown by claim incurral year with the loss ratio for each loss year calculated by the following formula:

$$LR_j = \frac{\sum_{t=j}^{2015} PMT_t^j v^{t-j} + {}_jCR_{2015} v^{2015-j+1/2} + {}_jIBNR_{2015} v^{2015-j+1/2}}{EP_j}$$

LR_j = loss ratio for year j

PMT_t^j = claim payments in year t on claims incurred in year j, assumed to occur midyear

${}_jCR_{2015}$ = claim reserve held on December 31, 2015 for claims incurred in year j

${}_jIBNR_{2015}$ = incurred but not reported reserve as of December 31, 2015 attributable to claims incurred in year j

EP_j = earned premium in year j, assumed mid-year

j = year of incurral

$v = 1 / 1.05 = 0.952381$

A future annual loss ratio is calculated, with and without interest, as anticipated incurred claims divided by earned premiums. A lifetime loss ratio as of December 31, 2015 is calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting occur at 5%.

16. History of Previous Rate Revisions

Average premium rate increase of 25% was approved on February 13, 2012 for policies issued on or after October 1, 2003.

17. Analysis Performed

The initial originally approved premium schedule was based on pricing assumptions believed to be appropriate, given industry experience available when the initial originally approved rate schedule was developed.

As part of the in-force management of the business, LifeCare Assurance Company and the reinsurer on the business

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monitor the performance of the business by completing periodic actual-to-expected analysis for voluntary lapse, mortality, claim incidence, and claim length of stay. The findings from these analyses were used in projecting the inforce business to determine the effect of experience on the projected lifetime loss ratio. An analysis of the projected lifetime loss ratio based on current best estimate assumptions compared to that assumed at the time of original pricing revealed that experience has deteriorated significantly.

Attachments C, D1, E2.1 and E2.2 compare experience results with expected assumptions. Attachments H1 and H2 compare historical and projected (based on best estimate assumptions) lifetime cumulative loss ratios with original pricing expected cumulative loss ratios. This experience is for lifetime-pay policies only.

Nationwide and statewide historical and projected lifetime cumulative loss ratio compared with original pricing cumulative loss ratio:

Nationwide: Attachment H1

Virginia: Attachment H2

In order to analyze the change in expectation from the original pricing assumptions, the cumulative loss ratios are discounted back to duration 1 in Attachments H1 and H2. The actual/best estimate cumulative loss ratio is discounted by 5.0% (best estimate interest rate) and the original pricing cumulative loss ratio is discounted by 7.5% (original pricing interest rate).

Because of the low termination rates, a significantly greater risk exposure is expected in the later durations, which is reflected in the nationwide lifetime 169% actual to expected cumulative loss ratio in Attachment H1.

18. Loss Ratio Requirement Compliance Demonstration

Historical experience and projected experience using current best estimates are shown in the following exhibits:

Attachment F: Nationwide

Attachment G: Virginia

In all projections the accumulated lifetime loss ratios exceed the minimum loss ratio requirements, both with and without the requested rate increase.

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Attachment J provides a demonstration that the sum of the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

- a. Accumulated value of the initial earned premium times 58%,
- b. 85% of the accumulated value of prior premium rate schedule increases,
- c. Present value of future projected initial earned premiums times 58%, and
- d. 85% of the present value of future projected premiums in excess of the projected initial earned premiums.

Present and accumulated values in the lifetime projections in Attachment J are determined at 4.5%, the maximum valuation interest rate for contract reserves applicable to long-term care business issued in the years in which the applicable business of this filing were issued.

19. Proposed Effective Date

This rate increase will apply to policies on their policy anniversary date following at least a 75-day policyholder notification period after approval.

20. Nationwide Distribution of Business as of December 31, 2015 (Based on Policy Count and Premium)

As of December 31, 2015, the number of policies in force that will be affected by this increase, by policy form and in aggregate is shown in the following attachments:

Nationwide distribution:	Attachment I1
Virginia distribution:	Attachment I2

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21. Actuarial Certification

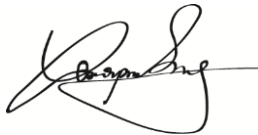
I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings.

I believe this rate filing is in compliance with the applicable laws of the State of Virginia and with the rules of the Department. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

The data used to develop this actuarial memorandum was provided by LifeCare Assurance Company, the administrator of the policies, and Employers Reassurance Corporation, a reinsurer of the business. I have reviewed the data for reasonableness.

To the best of my knowledge and judgment, I hereby certify that:

- this rate submission is in compliance with the applicable laws and regulations of the state where it is filed;
- policy design, underwriting, and claims adjudication practices have been taken into consideration;
- the rates are not unfairly discriminatory and the gross premiums are not excessive and bear reasonable relationship to the benefits, based on the lifetime loss ratio exceeding the minimum loss ratio requirement; and
- the relationship between renewal premium rate schedules and new business premium rate schedules is not applicable because the company is no longer marketing new business in any states.



Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303
Policies Issued On or After October 1, 2003

Attachment A
Rate Increase Impact Exhibit*

Virginia	Cost of Living Adjustment			Total
	None	Simple	Compound	
Number of Policies	2	7	38	47
Current Premium	\$2,450	\$13,357	\$99,124	114,930
Current Average Premium	\$1,225	\$1,908	\$2,609	2,445
New Premium	\$3,675	\$20,035	\$148,686	172,395
New Average Premium	\$1,837	\$2,862	\$3,913	3,668
Average Rate Increase	50.00%	50.00%	50.00%	50.00%

Nationwide	Cost of Living Adjustment			Total
	None	Simple	Compound	
Number of Policies	158	80	1,781	2,019
Current Premium	\$327,630	\$229,526	\$5,463,117	6,020,274
Current Average Premium	\$2,074	\$2,869	\$3,067	2,982
New Premium	\$491,446	\$344,289	\$8,194,676	9,030,411
New Average Premium	\$3,110	\$4,304	\$4,601	4,473
Average Rate Increase	50.00%	50.00%	50.00%	50.00%

*Policy counts and premium totals are for lifetime-pay policies only.

Lincoln Benefit Life Insurance Company
LB-6301-P-VA(Q)&(NQ) - Nursing Care Only
Policies Issued On or After October 1, 2003
Rates and Factors Before Increase

Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90 Day Elimination Period

Attachment B1.1

Issue Age	Nursing Care	Full Limited Shortened Non Forfeiture Non Forfeiture Benefit Period			Benefit Increase Factors						10-Pay Factor	Paid Up Survivor
	\$10 DB Annual Rates				Pre-enhanced		Enhanced					
			Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Simple	10 Pay Simple				
40	28.13	1.468	1.360	1.130	3.050	3.050	3.050	3.540	2.200	2.600	2.600	1.400
41	29.06	1.481	1.370	1.135	3.000	3.000	3.000	3.480	2.140	2.530	2.550	1.400
42	30.00	1.494	1.380	1.140	2.950	2.950	2.950	3.410	2.080	2.460	2.500	1.400
43	30.94	1.507	1.390	1.145	2.900	2.900	2.900	3.340	2.020	2.390	2.450	1.400
44	31.88	1.520	1.400	1.150	2.850	2.850	2.850	3.270	1.960	2.320	2.400	1.400
45	32.81	1.533	1.410	1.155	2.800	2.800	2.800	3.240	1.930	2.250	2.350	1.400
46	34.69	1.546	1.420	1.160	2.750	2.750	2.750	3.180	1.900	2.210	2.300	1.400
47	36.56	1.559	1.430	1.165	2.700	2.700	2.700	3.120	1.870	2.170	2.250	1.400
48	38.44	1.572	1.440	1.170	2.650	2.650	2.650	3.060	1.840	2.130	2.200	1.400
49	40.31	1.585	1.450	1.175	2.600	2.600	2.600	2.990	1.810	2.090	2.150	1.400
50	42.19	1.598	1.460	1.180	2.550	2.550	2.550	2.940	1.780	2.050	2.100	1.400
51	45.00	1.611	1.470	1.185	2.500	2.500	2.500	2.856	1.754	2.030	2.060	1.400
52	47.81	1.624	1.480	1.190	2.400	2.400	2.400	2.772	1.728	2.010	2.020	1.400
53	50.63	1.637	1.490	1.195	2.300	2.300	2.300	2.688	1.702	1.990	1.980	1.400
54	53.44	1.650	1.500	1.200	2.200	2.200	2.200	2.604	1.676	1.970	1.940	1.400
55	56.25	1.676	1.520	1.205	2.100	2.100	2.100	2.520	1.650	1.940	1.900	1.400
56	61.88	1.702	1.540	1.210	2.000	2.000	2.000	2.436	1.620	1.910	1.870	1.400
57	67.50	1.728	1.560	1.215	1.900	1.900	1.900	2.352	1.590	1.880	1.840	1.400
58	73.13	1.754	1.580	1.220	1.800	1.800	1.800	2.268	1.560	1.840	1.810	1.400
59	78.75	1.780	1.600	1.225	1.700	1.700	1.700	2.184	1.530	1.810	1.780	1.400
60	84.38	1.806	1.620	1.230	1.600	1.600	1.600	2.100	1.500	1.780	1.750	1.400
61	93.75	1.832	1.640	1.235	1.580	1.580	1.580	2.040	1.484	1.761	1.720	1.400
62	103.13	1.858	1.660	1.240	1.560	1.560	1.560	1.980	1.468	1.742	1.690	1.400
63	112.50	1.884	1.680	1.245	1.540	1.540	1.540	1.920	1.452	1.723	1.660	1.400
64	121.88	1.910	1.700	1.250	1.520	1.520	1.520	1.860	1.436	1.704	1.630	1.400
65	131.25	1.923	1.710	1.260	1.500	1.500	1.500	1.800	1.420	1.685	1.600	1.400
66	150.00	1.936	1.720	1.270	1.480	1.480	1.480	1.771	1.404	1.666	1.570	1.390
67	168.75	1.949	1.730	1.280	1.460	1.460	1.460	1.742	1.388	1.647	1.540	1.380
68	187.50	1.962	1.740	1.290	1.440	1.440	1.440	1.713	1.372	1.628	1.510	1.370
69	206.25	1.975	1.750	1.300	1.420	1.420	1.420	1.684	1.356	1.609	1.480	1.360
70	225.00	1.988	1.760	1.310	1.400	1.400	1.400	1.655	1.340	1.590	1.450	1.350
71	253.13	2.001	1.770	1.320	1.380	1.380	1.380	1.626	1.328	1.570	1.430	1.340
72	281.25	2.014	1.780	1.330	1.360	1.360	1.360	1.597	1.316	1.550	1.410	1.330
73	309.38	2.027	1.790	1.340	1.340	1.340	1.340	1.568	1.304	1.520	1.390	1.320
74	337.50	2.040	1.800	1.350	1.320	1.320	1.320	1.539	1.292	1.500	1.370	1.310
75	365.63	2.053	1.810	1.355	1.300	1.300	1.300	1.510	1.280	1.480	1.350	1.300
76	415.63	2.066	1.820	1.360	1.290	1.290	1.290	1.500	1.270	1.460	1.330	1.300
77	463.96	2.079	1.830	1.365	1.280	1.280	1.280	1.480	1.260	1.450	1.310	1.300
78	510.63	2.092	1.840	1.370	1.270	1.270	1.270	1.470	1.250	1.430	1.290	1.300
79	555.63	2.105	1.850	1.375	1.260	1.260	1.260	1.450	1.240	1.410	1.270	1.300
80	598.96	2.118	1.860	1.380	1.250	1.250	1.250	1.440	1.230	1.400	1.250	1.300
81	645.83	2.131	1.870	1.385	1.240	1.240	1.240	1.420	1.220	1.380	1.230	1.300
82	691.88	2.144	1.880	1.390	1.230	1.230	1.230	1.410	1.210	1.370	1.210	1.300
83	737.08	2.157	1.890	1.395	1.220	1.220	1.220	1.390	1.200	1.350	1.190	1.300
84	781.46	2.170	1.900	1.400	1.210	1.210	1.210	1.380	1.190	1.340	1.170	1.300

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode	
Preferred Nonsmoker	0.80	90-Day	1.00	Monthly	0.085
Preferred	1.00	30-Day	1.10	Quarterly	0.270
Standard	1.20	0-Day	1.20	Semi-Annual	0.520
				Annual	1.000
Joint Coverage Risk Class *		Benefit Period		Endorsed Group Discount	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70	Ages 40-64	0.85
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90	Ages 65-84	0.90
2 Preferreds	1.00				
1 Preferred Nonsmoker / 1 Standard	1.00				
1 Preferred / 1 Standard	1.10				
2 Standards	1.20				

* Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6301-P-VA(Q)&(NQ) - Nursing Care Only
 Policies Issued On or After October 1, 2003
 Rates and Factors After Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90 Day Elimination Period

Attachment B1.2

Issue Age	Nursing Care				Benefit Increase Factors						10-Pay Factor	Paid Up Survivor
	\$10 DB Annual Rates				Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Pre-enhanced		Enhanced		
					Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Simple	10 Pay Simple		
40	42.18	1.468	1.360	1.130	3.050	3.050	3.050	3.540	2.200	2.600	2.600	1.400
41	43.59	1.481	1.370	1.135	3.000	3.000	3.000	3.480	2.140	2.530	2.550	1.400
42	45.00	1.494	1.380	1.140	2.950	2.950	2.950	3.410	2.080	2.460	2.500	1.400
43	46.40	1.507	1.390	1.145	2.900	2.900	2.900	3.340	2.020	2.390	2.450	1.400
44	47.81	1.520	1.400	1.150	2.850	2.850	2.850	3.270	1.960	2.320	2.400	1.400
45	49.21	1.533	1.410	1.155	2.800	2.800	2.800	3.240	1.930	2.250	2.350	1.400
46	52.03	1.546	1.420	1.160	2.750	2.750	2.750	3.180	1.900	2.210	2.300	1.400
47	54.84	1.559	1.430	1.165	2.700	2.700	2.700	3.120	1.870	2.170	2.250	1.400
48	57.65	1.572	1.440	1.170	2.650	2.650	2.650	3.060	1.840	2.130	2.200	1.400
49	60.46	1.585	1.450	1.175	2.600	2.600	2.600	2.990	1.810	2.090	2.150	1.400
50	63.28	1.598	1.460	1.180	2.550	2.550	2.550	2.940	1.780	2.050	2.100	1.400
51	67.50	1.611	1.470	1.185	2.500	2.500	2.500	2.856	1.754	2.030	2.060	1.400
52	71.71	1.624	1.480	1.190	2.400	2.400	2.400	2.772	1.728	2.010	2.020	1.400
53	75.93	1.637	1.490	1.195	2.300	2.300	2.300	2.688	1.702	1.990	1.980	1.400
54	80.15	1.650	1.500	1.200	2.200	2.200	2.200	2.604	1.676	1.970	1.940	1.400
55	84.37	1.676	1.520	1.205	2.100	2.100	2.100	2.520	1.650	1.940	1.900	1.400
56	92.81	1.702	1.540	1.210	2.000	2.000	2.000	2.436	1.620	1.910	1.870	1.400
57	101.25	1.728	1.560	1.215	1.900	1.900	1.900	2.352	1.590	1.880	1.840	1.400
58	109.68	1.754	1.580	1.220	1.800	1.800	1.800	2.268	1.560	1.840	1.810	1.400
59	118.12	1.780	1.600	1.225	1.700	1.700	1.700	2.184	1.530	1.810	1.780	1.400
60	126.56	1.806	1.620	1.230	1.600	1.600	1.600	2.100	1.500	1.780	1.750	1.400
61	140.62	1.832	1.640	1.235	1.580	1.580	1.580	2.040	1.484	1.761	1.720	1.400
62	154.68	1.858	1.660	1.240	1.560	1.560	1.560	1.980	1.468	1.742	1.690	1.400
63	168.75	1.884	1.680	1.245	1.540	1.540	1.540	1.920	1.452	1.723	1.660	1.400
64	182.81	1.910	1.700	1.250	1.520	1.520	1.520	1.860	1.436	1.704	1.630	1.400
65	196.87	1.923	1.710	1.260	1.500	1.500	1.500	1.800	1.420	1.685	1.600	1.400
66	225.00	1.936	1.720	1.270	1.480	1.480	1.480	1.771	1.404	1.666	1.570	1.390
67	253.12	1.949	1.730	1.280	1.460	1.460	1.460	1.742	1.388	1.647	1.540	1.380
68	281.25	1.962	1.740	1.290	1.440	1.440	1.440	1.713	1.372	1.628	1.510	1.370
69	309.37	1.975	1.750	1.300	1.420	1.420	1.420	1.684	1.356	1.609	1.480	1.360
70	337.50	1.988	1.760	1.310	1.400	1.400	1.400	1.655	1.340	1.590	1.450	1.350
71	379.68	2.001	1.770	1.320	1.380	1.380	1.380	1.626	1.328	1.570	1.430	1.340
72	421.87	2.014	1.780	1.330	1.360	1.360	1.360	1.597	1.316	1.550	1.410	1.330
73	464.06	2.027	1.790	1.340	1.340	1.340	1.340	1.568	1.304	1.520	1.390	1.320
74	506.25	2.040	1.800	1.350	1.320	1.320	1.320	1.539	1.292	1.500	1.370	1.310
75	548.43	2.053	1.810	1.355	1.300	1.300	1.300	1.510	1.280	1.480	1.350	1.300
76	623.44	2.066	1.820	1.360	1.290	1.290	1.290	1.500	1.270	1.460	1.330	1.300
77	695.94	2.079	1.830	1.365	1.280	1.280	1.280	1.480	1.260	1.450	1.310	1.300
78	765.94	2.092	1.840	1.370	1.270	1.270	1.270	1.470	1.250	1.430	1.290	1.300
79	833.44	2.105	1.850	1.375	1.260	1.260	1.260	1.450	1.240	1.410	1.270	1.300
80	898.44	2.118	1.860	1.380	1.250	1.250	1.250	1.440	1.230	1.400	1.250	1.300
81	968.75	2.131	1.870	1.385	1.240	1.240	1.240	1.420	1.220	1.380	1.230	1.300
82	1,037.81	2.144	1.880	1.390	1.230	1.230	1.230	1.410	1.210	1.370	1.210	1.300
83	1,105.62	2.157	1.890	1.395	1.220	1.220	1.220	1.390	1.200	1.350	1.190	1.300
84	1,172.19	2.170	1.900	1.400	1.210	1.210	1.210	1.380	1.190	1.340	1.170	1.300

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode	
Preferred Nonsmoker	0.80	90-Day	1.00	Monthly	0.085
Preferred	1.00	30-Day	1.10	Quarterly	0.270
Standard	1.20	0-Day	1.20	Semi-Annual	0.520
				Annual	1.000
Joint Coverage Risk Class *		Benefit Period		Endorsed Group Discount	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70	Ages 40-64	0.85
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90	Ages 65-84	0.90
2 Preferreds	1.00				
1 Preferred Nonsmoker / 1 Standard	1.00				
1 Preferred / 1 Standard	1.10				
2 Standards	1.20				

* Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
LB-6301-P-VA(Q)&(NQ) - Nursing Care Only
Policies Issued On or After October 1, 2003
Rate Increases

Attachment B1.3

Issue Age	Increase Percentage
40	50 %
41	50%
42	50%
43	50%
44	50%
45	50 %
46	50%
47	50%
48	50%
49	50%
50	50 %
51	50%
52	50%
53	50%
54	50%
55	50 %
56	50%
57	50%
58	50%
59	50%
60	50 %
61	50%
62	50%
63	50%
64	50%
65	50 %
66	50%
67	50%
68	50%
69	50%
70	50 %
71	50%
72	50%
73	50%
74	50%
75	50 %
76	50%
77	50%
78	50%
79	50%
80	50 %
81	50%
82	50%
83	50%
84	50%

Lincoln Benefit Life Insurance Company
 LB-6302-P-1-VA(Q)&(NQ) - Comprehensive LTC
 Policies Issued On or After October 1, 2003
 Rates and Factors Before Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90 Day Elimination Period

Attachment B2.1

Issue Age	Comprehensive LTC			Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Benefit Increase Factors						10-Pay Factor	Paid Up Survivor
	Per \$10 NC + \$10 HCBC Daily Benefit	Per \$10 NC + \$5 HCBC Daily Benefit	Pre-enhanced				Enhanced							
							Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Simple	10 Pay Simple		
40	42.19	35.16	1.468	1.360	1.130	3.050	3.050	3.050	3.050	3.540	2.200	2.600	2.600	1.400
41	43.60	36.33	1.481	1.370	1.135	3.000	3.000	3.000	3.000	3.480	2.140	2.530	2.550	1.400
42	45.00	37.50	1.494	1.380	1.140	2.950	2.950	2.950	2.950	3.410	2.080	2.460	2.500	1.400
43	46.41	38.68	1.507	1.390	1.145	2.900	2.900	2.900	2.900	3.340	2.020	2.390	2.450	1.400
44	47.81	39.85	1.520	1.400	1.150	2.850	2.850	2.850	2.850	3.270	1.960	2.320	2.400	1.400
45	49.23	41.01	1.533	1.410	1.155	2.800	2.800	2.800	2.800	3.240	1.930	2.250	2.350	1.400
46	52.04	43.36	1.546	1.420	1.160	2.750	2.750	2.750	2.750	3.180	1.900	2.210	2.300	1.400
47	54.85	45.70	1.559	1.430	1.165	2.700	2.700	2.700	2.700	3.120	1.870	2.170	2.250	1.400
48	57.66	48.05	1.572	1.440	1.170	2.650	2.650	2.650	2.650	3.060	1.840	2.130	2.200	1.400
49	60.48	50.39	1.585	1.450	1.175	2.600	2.600	2.600	2.600	2.990	1.810	2.090	2.150	1.400
50	63.29	52.74	1.598	1.460	1.180	2.550	2.550	2.550	2.550	2.940	1.780	2.050	2.100	1.400
51	67.50	56.25	1.611	1.470	1.185	2.500	2.500	2.500	2.500	2.856	1.754	2.030	2.060	1.400
52	71.73	59.76	1.624	1.480	1.190	2.400	2.400	2.400	2.400	2.772	1.728	2.010	2.020	1.400
53	75.94	63.29	1.637	1.490	1.195	2.300	2.300	2.300	2.300	2.688	1.702	1.990	1.980	1.400
54	80.16	66.80	1.650	1.500	1.200	2.200	2.200	2.200	2.200	2.604	1.676	1.970	1.940	1.400
55	84.38	70.31	1.676	1.520	1.205	2.100	2.100	2.100	2.100	2.520	1.650	1.940	1.900	1.400
56	92.81	77.35	1.702	1.540	1.210	2.000	2.000	2.000	2.000	2.436	1.620	1.910	1.870	1.400
57	101.25	84.38	1.728	1.560	1.215	1.900	1.900	1.900	1.900	2.352	1.590	1.880	1.840	1.400
58	109.69	91.41	1.754	1.580	1.220	1.800	1.800	1.800	1.800	2.268	1.560	1.840	1.810	1.400
59	118.13	98.44	1.780	1.600	1.225	1.700	1.700	1.700	1.700	2.184	1.530	1.810	1.780	1.400
60	126.56	105.48	1.806	1.620	1.230	1.600	1.600	1.600	1.600	2.100	1.500	1.780	1.750	1.400
61	140.63	117.19	1.832	1.640	1.235	1.580	1.580	1.580	1.580	2.040	1.484	1.761	1.720	1.400
62	154.69	128.91	1.858	1.660	1.240	1.560	1.560	1.560	1.560	1.980	1.468	1.742	1.690	1.400
63	168.75	140.63	1.884	1.680	1.245	1.540	1.540	1.540	1.540	1.920	1.452	1.723	1.660	1.400
64	182.81	152.35	1.910	1.700	1.250	1.520	1.520	1.520	1.520	1.860	1.436	1.704	1.630	1.400
65	196.88	164.06	1.923	1.710	1.260	1.500	1.500	1.500	1.500	1.800	1.420	1.685	1.600	1.400
66	225.00	187.50	1.936	1.720	1.270	1.480	1.480	1.480	1.480	1.771	1.404	1.666	1.570	1.390
67	253.13	210.94	1.949	1.730	1.280	1.460	1.460	1.460	1.460	1.742	1.388	1.647	1.540	1.380
68	281.25	234.38	1.962	1.740	1.290	1.440	1.440	1.440	1.440	1.713	1.372	1.628	1.510	1.370
69	309.38	257.81	1.975	1.750	1.300	1.420	1.420	1.420	1.420	1.684	1.356	1.609	1.480	1.360
70	337.50	281.25	1.988	1.760	1.310	1.400	1.400	1.400	1.400	1.655	1.340	1.590	1.450	1.350
71	379.69	316.41	2.001	1.770	1.320	1.380	1.380	1.380	1.380	1.626	1.328	1.570	1.430	1.340
72	421.88	351.56	2.014	1.780	1.330	1.360	1.360	1.360	1.360	1.597	1.316	1.550	1.410	1.330
73	464.06	386.73	2.027	1.790	1.340	1.340	1.340	1.340	1.340	1.568	1.304	1.520	1.390	1.320
74	506.25	421.88	2.040	1.800	1.350	1.320	1.320	1.320	1.320	1.539	1.292	1.500	1.370	1.310
75	548.44	457.04	2.053	1.810	1.355	1.300	1.300	1.300	1.300	1.510	1.280	1.480	1.350	1.300
76	623.44	519.54	2.066	1.820	1.360	1.290	1.290	1.290	1.290	1.500	1.270	1.460	1.330	1.300
77	695.94	579.96	2.079	1.830	1.365	1.280	1.280	1.280	1.280	1.480	1.260	1.450	1.310	1.300
78	765.94	638.29	2.092	1.840	1.370	1.270	1.270	1.270	1.270	1.470	1.250	1.430	1.290	1.300
79	833.44	694.54	2.105	1.850	1.375	1.260	1.260	1.260	1.260	1.450	1.240	1.410	1.270	1.300
80	898.44	748.71	2.118	1.860	1.380	1.250	1.250	1.250	1.250	1.440	1.230	1.400	1.250	1.300
81	968.75	807.30	2.131	1.870	1.385	1.240	1.240	1.240	1.240	1.420	1.220	1.380	1.230	1.300
82	1,037.82	864.86	2.144	1.880	1.390	1.230	1.230	1.230	1.230	1.410	1.210	1.370	1.210	1.300
83	1,105.63	921.36	2.157	1.890	1.395	1.220	1.220	1.220	1.220	1.390	1.200	1.350	1.190	1.300
84	1,172.19	976.83	2.170	1.900	1.400	1.210	1.210	1.210	1.210	1.380	1.190	1.340	1.170	1.300

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode	
Preferred Nonsmoker	0.80	90-Day	1.00	Monthly	0.085
Preferred	1.00	30-Day	1.10	Quarterly	0.270
Standard	1.20	0-Day	1.20	Semi-Annual	0.520
				Annual	1.000
Joint Coverage Risk Class *		Benefit Period		Endorsed Group Discount	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70	Ages 40-64	0.85
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90	Ages 65-84	0.90
2 Preferreds	1.00				
1 Preferred Nonsmoker / 1 Standard	1.00				
1 Preferred / 1 Standard	1.10				
2 Standards	1.20				

* Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6302-P-1-VA(Q)&(NQ) - Comprehensive LTC
 Policies Issued On or After October 1, 2003
 Rates and Factors After Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90 Day Elimination Period

Attachment B2.2

Issue Age	Comprehensive LTC			Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Benefit Increase Factors						10-Pay Factor	Paid Up Survivor
	Per \$10 NC + \$10 HCBC	Per \$10 NC + \$5 HCBC	Pre-enhanced				Enhanced							
	Daily Benefit	Daily Benefit	Lifetime Pay Compound				10 Pay Compound	Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Simple	10 Pay Simple			
40	63.28	52.74	1.468	1.360	1.130	3.050	3.050	3.050	3.540	2.200	2.600	2.600	1.400	
41	65.40	54.48	1.481	1.370	1.135	3.000	3.000	3.000	3.480	2.140	2.530	2.550	1.400	
42	67.50	56.25	1.494	1.380	1.140	2.950	2.950	2.950	3.410	2.080	2.460	2.500	1.400	
43	69.61	58.01	1.507	1.390	1.145	2.900	2.900	2.900	3.340	2.020	2.390	2.450	1.400	
44	71.71	59.77	1.520	1.400	1.150	2.850	2.850	2.850	3.270	1.960	2.320	2.400	1.400	
45	73.83	61.51	1.533	1.410	1.155	2.800	2.800	2.800	3.240	1.930	2.250	2.350	1.400	
46	78.05	65.04	1.546	1.420	1.160	2.750	2.750	2.750	3.180	1.900	2.210	2.300	1.400	
47	82.27	68.55	1.559	1.430	1.165	2.700	2.700	2.700	3.120	1.870	2.170	2.250	1.400	
48	86.49	72.07	1.572	1.440	1.170	2.650	2.650	2.650	3.060	1.840	2.130	2.200	1.400	
49	90.71	75.58	1.585	1.450	1.175	2.600	2.600	2.600	2.990	1.810	2.090	2.150	1.400	
50	94.93	79.10	1.598	1.460	1.180	2.550	2.550	2.550	2.940	1.780	2.050	2.100	1.400	
51	101.25	84.37	1.611	1.470	1.185	2.500	2.500	2.500	2.856	1.754	2.030	2.060	1.400	
52	107.58	89.64	1.624	1.480	1.190	2.400	2.400	2.400	2.772	1.728	2.010	2.020	1.400	
53	113.90	94.93	1.637	1.490	1.195	2.300	2.300	2.300	2.688	1.702	1.990	1.980	1.400	
54	120.24	100.20	1.650	1.500	1.200	2.200	2.200	2.200	2.604	1.676	1.970	1.940	1.400	
55	126.56	105.46	1.676	1.520	1.205	2.100	2.100	2.100	2.520	1.650	1.940	1.900	1.400	
56	139.21	116.02	1.702	1.540	1.210	2.000	2.000	2.000	2.436	1.620	1.910	1.870	1.400	
57	151.87	126.56	1.728	1.560	1.215	1.900	1.900	1.900	2.352	1.590	1.880	1.840	1.400	
58	164.53	137.11	1.754	1.580	1.220	1.800	1.800	1.800	2.268	1.560	1.840	1.810	1.400	
59	177.18	147.65	1.780	1.600	1.225	1.700	1.700	1.700	2.184	1.530	1.810	1.780	1.400	
60	189.84	158.21	1.806	1.620	1.230	1.600	1.600	1.600	2.100	1.500	1.780	1.750	1.400	
61	210.93	175.78	1.832	1.640	1.235	1.580	1.580	1.580	2.040	1.484	1.761	1.720	1.400	
62	232.03	193.36	1.858	1.660	1.240	1.560	1.560	1.560	1.980	1.468	1.742	1.690	1.400	
63	253.12	210.93	1.884	1.680	1.245	1.540	1.540	1.540	1.920	1.452	1.723	1.660	1.400	
64	274.21	228.52	1.910	1.700	1.250	1.520	1.520	1.520	1.860	1.436	1.704	1.630	1.400	
65	295.31	246.09	1.923	1.710	1.260	1.500	1.500	1.500	1.800	1.420	1.685	1.600	1.400	
66	337.50	281.25	1.936	1.720	1.270	1.480	1.480	1.480	1.771	1.404	1.666	1.570	1.390	
67	379.68	316.40	1.949	1.730	1.280	1.460	1.460	1.460	1.742	1.388	1.647	1.540	1.380	
68	421.87	351.56	1.962	1.740	1.290	1.440	1.440	1.440	1.713	1.372	1.628	1.510	1.370	
69	464.06	386.71	1.975	1.750	1.300	1.420	1.420	1.420	1.684	1.356	1.609	1.480	1.360	
70	506.25	421.87	1.988	1.760	1.310	1.400	1.400	1.400	1.655	1.340	1.590	1.450	1.350	
71	569.53	474.61	2.001	1.770	1.320	1.380	1.380	1.380	1.626	1.328	1.570	1.430	1.340	
72	632.81	527.34	2.014	1.780	1.330	1.360	1.360	1.360	1.597	1.316	1.550	1.410	1.330	
73	696.09	580.08	2.027	1.790	1.340	1.340	1.340	1.340	1.568	1.304	1.520	1.390	1.320	
74	759.37	632.81	2.040	1.800	1.350	1.320	1.320	1.320	1.539	1.292	1.500	1.370	1.310	
75	822.65	685.55	2.053	1.810	1.355	1.300	1.300	1.300	1.510	1.280	1.480	1.350	1.300	
76	935.16	779.31	2.066	1.820	1.360	1.290	1.290	1.290	1.500	1.270	1.460	1.330	1.300	
77	1,043.91	869.93	2.079	1.830	1.365	1.280	1.280	1.280	1.480	1.260	1.450	1.310	1.300	
78	1,148.91	957.43	2.092	1.840	1.370	1.270	1.270	1.270	1.470	1.250	1.430	1.290	1.300	
79	1,250.16	1,041.81	2.105	1.850	1.375	1.260	1.260	1.260	1.450	1.240	1.410	1.270	1.300	
80	1,347.66	1,123.06	2.118	1.860	1.380	1.250	1.250	1.250	1.440	1.230	1.400	1.250	1.300	
81	1,453.12	1,210.94	2.131	1.870	1.385	1.240	1.240	1.240	1.420	1.220	1.380	1.230	1.300	
82	1,556.72	1,297.28	2.144	1.880	1.390	1.230	1.230	1.230	1.410	1.210	1.370	1.210	1.300	
83	1,658.43	1,382.03	2.157	1.890	1.395	1.220	1.220	1.220	1.390	1.200	1.350	1.190	1.300	
84	1,758.29	1,465.25	2.170	1.900	1.400	1.210	1.210	1.210	1.380	1.190	1.340	1.170	1.300	

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode	
Preferred Nonsmoker	0.80	90-Day	1.00	Monthly	0.085
Preferred	1.00	30-Day	1.10	Quarterly	0.270
Standard	1.20	0-Day	1.20	Semi-Annual	0.520
				Annual	1.000
Joint Coverage Risk Class *		Benefit Period		Endorsed Group Discount	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70	Ages 40-64	0.85
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90	Ages 65-84	0.90
2 Preferreds	1.00				
1 Preferred Nonsmoker / 1 Standard	1.00				
1 Preferred / 1 Standard	1.10				
2 Standards	1.20				

* Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6302-P-1-VA(Q)&(NQ) - Comprehensive LTC
 Policies Issued On or After October 1, 2003
 Rate Increases

Attachment B2.3

Issue Age	Comprehensive LTC Per \$10 NC + \$10 HCBC Increase Percentage	Comprehensive LTC Per \$10 NC + \$5 HCBC Increase Percentage
40	50 %	50 %
41	50%	50%
42	50%	50%
43	50%	50%
44	50%	50%
45	50 %	50 %
46	50%	50%
47	50%	50%
48	50%	50%
49	50%	50%
50	50 %	50 %
51	50%	50%
52	50%	50%
53	50%	50%
54	50%	50%
55	50 %	50 %
56	50%	50%
57	50%	50%
58	50%	50%
59	50%	50%
60	50 %	50 %
61	50%	50%
62	50%	50%
63	50%	50%
64	50%	50%
65	50 %	50 %
66	50%	50%
67	50%	50%
68	50%	50%
69	50%	50%
70	50 %	50 %
71	50%	50%
72	50%	50%
73	50%	50%
74	50%	50%
75	50 %	50 %
76	50%	50%
77	50%	50%
78	50%	50%
79	50%	50%
80	50 %	50 %
81	50%	50%
82	50%	50%
83	50%	50%
84	50%	50%

Lincoln Benefit Life Insurance Company
 LB-6303-P-1-VA(Q)&(NQ) - HCBC Only
 Policies Issued On or After October 1, 2003
 Rates and Factors Before Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 0-Day Elimination Period

Attachment B3.0.1

Issue Age	HCBC \$10 DB Annual Rates *	Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Benefit Increase Factors		
					Pre-Enhanced Compound	Enhanced Compound	Simple
40	23.91	1.468	1.360	1.130	3.050	3.050	2.200
41	24.70	1.481	1.370	1.135	3.000	3.000	2.140
42	25.50	1.494	1.380	1.140	2.950	2.950	2.080
43	26.30	1.507	1.390	1.145	2.900	2.900	2.020
44	27.10	1.520	1.400	1.150	2.850	2.850	1.960
45	27.89	1.533	1.410	1.155	2.800	2.800	1.930
46	29.49	1.546	1.420	1.160	2.750	2.750	1.900
47	31.08	1.559	1.430	1.165	2.700	2.700	1.870
48	32.67	1.572	1.440	1.170	2.650	2.650	1.840
49	34.26	1.585	1.450	1.175	2.600	2.600	1.810
50	35.86	1.598	1.460	1.180	2.550	2.550	1.780
51	38.25	1.611	1.470	1.185	2.500	2.500	1.754
52	40.64	1.624	1.480	1.190	2.400	2.400	1.728
53	43.04	1.637	1.490	1.195	2.300	2.300	1.702
54	45.43	1.650	1.500	1.200	2.200	2.200	1.676
55	47.81	1.676	1.520	1.205	2.100	2.100	1.650
56	52.60	1.702	1.540	1.210	2.000	2.000	1.620
57	57.38	1.728	1.560	1.215	1.900	1.900	1.590
58	62.16	1.754	1.580	1.220	1.800	1.800	1.560
59	66.94	1.780	1.600	1.225	1.700	1.700	1.530
60	71.73	1.806	1.620	1.230	1.600	1.600	1.500
61	79.69	1.832	1.640	1.235	1.580	1.580	1.484
62	87.66	1.858	1.660	1.240	1.560	1.560	1.468
63	95.63	1.884	1.680	1.245	1.540	1.540	1.452
64	103.60	1.910	1.700	1.250	1.520	1.520	1.436
65	111.56	1.923	1.710	1.260	1.500	1.500	1.420
66	127.50	1.936	1.720	1.270	1.480	1.480	1.404
67	143.44	1.949	1.730	1.280	1.460	1.460	1.388
68	159.38	1.962	1.740	1.290	1.440	1.440	1.372
69	175.31	1.975	1.750	1.300	1.420	1.420	1.356
70	191.25	1.988	1.760	1.310	1.400	1.400	1.340
71	215.16	2.001	1.770	1.320	1.380	1.380	1.328
72	239.06	2.014	1.780	1.330	1.360	1.360	1.316
73	262.98	2.027	1.790	1.340	1.340	1.340	1.304
74	286.88	2.040	1.800	1.350	1.320	1.320	1.292
75	310.79	2.053	1.810	1.355	1.300	1.300	1.280
76	353.29	2.066	1.820	1.360	1.290	1.290	1.270
77	394.37	2.079	1.830	1.365	1.280	1.280	1.260
78	434.04	2.092	1.840	1.370	1.270	1.270	1.250
79	472.29	2.105	1.850	1.375	1.260	1.260	1.240
80	509.12	2.118	1.860	1.380	1.250	1.250	1.230
81	548.96	2.131	1.870	1.385	1.240	1.240	1.220
82	588.10	2.144	1.880	1.390	1.230	1.230	1.210
83	626.53	2.157	1.890	1.395	1.220	1.220	1.200
84	664.25	2.170	1.900	1.400	1.210	1.210	1.190

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6303-P-1-VA(Q)&(NQ) - HCBC Only
 Policies Issued On or After October 1, 2003
 Rates and Factors After Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 0-Day Elimination Period

Attachment B3.0.2

Issue Age	HCBC \$10 DB Annual Rates *	Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Benefit Increase Factors		
					Pre-Enhanced Compound	Enhanced Compound	Simple
40	35.86	1.468	1.360	1.130	3.050	3.050	2.200
41	37.05	1.481	1.370	1.135	3.000	3.000	2.140
42	38.25	1.494	1.380	1.140	2.950	2.950	2.080
43	39.44	1.507	1.390	1.145	2.900	2.900	2.020
44	40.65	1.520	1.400	1.150	2.850	2.850	1.960
45	41.83	1.533	1.410	1.155	2.800	2.800	1.930
46	44.23	1.546	1.420	1.160	2.750	2.750	1.900
47	46.61	1.559	1.430	1.165	2.700	2.700	1.870
48	49.01	1.572	1.440	1.170	2.650	2.650	1.840
49	51.39	1.585	1.450	1.175	2.600	2.600	1.810
50	53.79	1.598	1.460	1.180	2.550	2.550	1.780
51	57.37	1.611	1.470	1.185	2.500	2.500	1.754
52	60.95	1.624	1.480	1.190	2.400	2.400	1.728
53	64.55	1.637	1.490	1.195	2.300	2.300	1.702
54	68.13	1.650	1.500	1.200	2.200	2.200	1.676
55	71.71	1.676	1.520	1.205	2.100	2.100	1.650
56	78.90	1.702	1.540	1.210	2.000	2.000	1.620
57	86.06	1.728	1.560	1.215	1.900	1.900	1.590
58	93.24	1.754	1.580	1.220	1.800	1.800	1.560
59	100.40	1.780	1.600	1.225	1.700	1.700	1.530
60	107.58	1.806	1.620	1.230	1.600	1.600	1.500
61	119.53	1.832	1.640	1.235	1.580	1.580	1.484
62	131.49	1.858	1.660	1.240	1.560	1.560	1.468
63	143.43	1.884	1.680	1.245	1.540	1.540	1.452
64	155.40	1.910	1.700	1.250	1.520	1.520	1.436
65	167.34	1.923	1.710	1.260	1.500	1.500	1.420
66	191.25	1.936	1.720	1.270	1.480	1.480	1.404
67	215.15	1.949	1.730	1.280	1.460	1.460	1.388
68	239.06	1.962	1.740	1.290	1.440	1.440	1.372
69	262.96	1.975	1.750	1.300	1.420	1.420	1.356
70	286.87	1.988	1.760	1.310	1.400	1.400	1.340
71	322.74	2.001	1.770	1.320	1.380	1.380	1.328
72	358.59	2.014	1.780	1.330	1.360	1.360	1.316
73	394.46	2.027	1.790	1.340	1.340	1.340	1.304
74	430.31	2.040	1.800	1.350	1.320	1.320	1.292
75	466.18	2.053	1.810	1.355	1.300	1.300	1.280
76	529.93	2.066	1.820	1.360	1.290	1.290	1.270
77	591.56	2.079	1.830	1.365	1.280	1.280	1.260
78	651.06	2.092	1.840	1.370	1.270	1.270	1.250
79	708.43	2.105	1.850	1.375	1.260	1.260	1.240
80	763.68	2.118	1.860	1.380	1.250	1.250	1.230
81	823.44	2.131	1.870	1.385	1.240	1.240	1.220
82	882.15	2.144	1.880	1.390	1.230	1.230	1.210
83	939.78	2.157	1.890	1.395	1.220	1.220	1.200
84	996.37	2.170	1.900	1.400	1.210	1.210	1.190

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6303-P-1-VA(Q)&(NQ) - HCBC Only
 Policies Issued On or After October 1, 2003
 Rates and Factors Before Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 30-Day Elimination Period
 Attachment B3.30.1

Issue Age	HCBC \$10 DB Annual Rates *	Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Benefit Increase Factors		
					Pre-Enhanced Compound	Enhanced Compound	Simple
40	21.92	1.468	1.360	1.130	3.050	3.050	2.200
41	22.64	1.481	1.370	1.135	3.000	3.000	2.140
42	23.38	1.494	1.380	1.140	2.950	2.950	2.080
43	24.11	1.507	1.390	1.145	2.900	2.900	2.020
44	24.84	1.520	1.400	1.150	2.850	2.850	1.960
45	25.56	1.533	1.410	1.155	2.800	2.800	1.930
46	27.03	1.546	1.420	1.160	2.750	2.750	1.900
47	28.49	1.559	1.430	1.165	2.700	2.700	1.870
48	29.95	1.572	1.440	1.170	2.650	2.650	1.840
49	31.41	1.585	1.450	1.175	2.600	2.600	1.810
50	32.87	1.598	1.460	1.180	2.550	2.550	1.780
51	35.06	1.611	1.470	1.185	2.500	2.500	1.754
52	37.25	1.624	1.480	1.190	2.400	2.400	1.728
53	39.45	1.637	1.490	1.195	2.300	2.300	1.702
54	41.64	1.650	1.500	1.200	2.200	2.200	1.676
55	43.83	1.676	1.520	1.205	2.100	2.100	1.650
56	48.22	1.702	1.540	1.210	2.000	2.000	1.620
57	52.59	1.728	1.560	1.215	1.900	1.900	1.590
58	56.98	1.754	1.580	1.220	1.800	1.800	1.560
59	61.36	1.780	1.600	1.225	1.700	1.700	1.530
60	65.75	1.806	1.620	1.230	1.600	1.600	1.500
61	73.05	1.832	1.640	1.235	1.580	1.580	1.484
62	80.36	1.858	1.660	1.240	1.560	1.560	1.468
63	87.66	1.884	1.680	1.245	1.540	1.540	1.452
64	94.97	1.910	1.700	1.250	1.520	1.520	1.436
65	102.27	1.923	1.710	1.260	1.500	1.500	1.420
66	116.88	1.936	1.720	1.270	1.480	1.480	1.404
67	131.48	1.949	1.730	1.280	1.460	1.460	1.388
68	146.09	1.962	1.740	1.290	1.440	1.440	1.372
69	160.70	1.975	1.750	1.300	1.420	1.420	1.356
70	175.31	1.988	1.760	1.310	1.400	1.400	1.340
71	197.23	2.001	1.770	1.320	1.380	1.380	1.328
72	219.14	2.014	1.780	1.330	1.360	1.360	1.316
73	241.06	2.027	1.790	1.340	1.340	1.340	1.304
74	262.97	2.040	1.800	1.350	1.320	1.320	1.292
75	284.89	2.053	1.810	1.355	1.300	1.300	1.280
76	323.85	2.066	1.820	1.360	1.290	1.290	1.270
77	361.51	2.079	1.830	1.365	1.280	1.280	1.260
78	397.87	2.092	1.840	1.370	1.270	1.270	1.250
79	432.93	2.105	1.850	1.375	1.260	1.260	1.240
80	466.70	2.118	1.860	1.380	1.250	1.250	1.230
81	503.22	2.131	1.870	1.385	1.240	1.240	1.220
82	539.09	2.144	1.880	1.390	1.230	1.230	1.210
83	574.32	2.157	1.890	1.395	1.220	1.220	1.200
84	608.90	2.170	1.900	1.400	1.210	1.210	1.190

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6303-P-1-VA(Q)&(NQ) - HCBC Only
 Policies Issued On or After October 1, 2003
 Rates and Factors After Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 30-Day Elimination Period
 Attachment B3.30.2

Issue Age	HCBC \$10 DB Annual Rates *	Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Benefit Increase Factors		
					Pre-Enhanced Compound	Enhanced Compound	Simple
40	32.87	1.468	1.360	1.130	3.050	3.050	2.200
41	33.96	1.481	1.370	1.135	3.000	3.000	2.140
42	35.06	1.494	1.380	1.140	2.950	2.950	2.080
43	36.16	1.507	1.390	1.145	2.900	2.900	2.020
44	37.26	1.520	1.400	1.150	2.850	2.850	1.960
45	38.34	1.533	1.410	1.155	2.800	2.800	1.930
46	40.54	1.546	1.420	1.160	2.750	2.750	1.900
47	42.72	1.559	1.430	1.165	2.700	2.700	1.870
48	44.92	1.572	1.440	1.170	2.650	2.650	1.840
49	47.11	1.585	1.450	1.175	2.600	2.600	1.810
50	49.31	1.598	1.460	1.180	2.550	2.550	1.780
51	52.59	1.611	1.470	1.185	2.500	2.500	1.754
52	55.87	1.624	1.480	1.190	2.400	2.400	1.728
53	59.17	1.637	1.490	1.195	2.300	2.300	1.702
54	62.45	1.650	1.500	1.200	2.200	2.200	1.676
55	65.74	1.676	1.520	1.205	2.100	2.100	1.650
56	72.32	1.702	1.540	1.210	2.000	2.000	1.620
57	78.89	1.728	1.560	1.215	1.900	1.900	1.590
58	85.47	1.754	1.580	1.220	1.800	1.800	1.560
59	92.03	1.780	1.600	1.225	1.700	1.700	1.530
60	98.62	1.806	1.620	1.230	1.600	1.600	1.500
61	109.57	1.832	1.640	1.235	1.580	1.580	1.484
62	120.53	1.858	1.660	1.240	1.560	1.560	1.468
63	131.48	1.884	1.680	1.245	1.540	1.540	1.452
64	142.45	1.910	1.700	1.250	1.520	1.520	1.436
65	153.39	1.923	1.710	1.260	1.500	1.500	1.420
66	175.31	1.936	1.720	1.270	1.480	1.480	1.404
67	197.22	1.949	1.730	1.280	1.460	1.460	1.388
68	219.14	1.962	1.740	1.290	1.440	1.440	1.372
69	241.05	1.975	1.750	1.300	1.420	1.420	1.356
70	262.96	1.988	1.760	1.310	1.400	1.400	1.340
71	295.84	2.001	1.770	1.320	1.380	1.380	1.328
72	328.71	2.014	1.780	1.330	1.360	1.360	1.316
73	361.59	2.027	1.790	1.340	1.340	1.340	1.304
74	394.45	2.040	1.800	1.350	1.320	1.320	1.292
75	427.33	2.053	1.810	1.355	1.300	1.300	1.280
76	485.77	2.066	1.820	1.360	1.290	1.290	1.270
77	542.26	2.079	1.830	1.365	1.280	1.280	1.260
78	596.80	2.092	1.840	1.370	1.270	1.270	1.250
79	649.40	2.105	1.850	1.375	1.260	1.260	1.240
80	700.04	2.118	1.860	1.380	1.250	1.250	1.230
81	754.82	2.131	1.870	1.385	1.240	1.240	1.220
82	808.64	2.144	1.880	1.390	1.230	1.230	1.210
83	861.47	2.157	1.890	1.395	1.220	1.220	1.200
84	913.34	2.170	1.900	1.400	1.210	1.210	1.190

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6303-P-1-VA(Q)&(NQ) - HCBC Only
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 Rates and Factors Before Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90-Day Elimination Period
 Attachment B3.90.1

Issue Age	HCBC \$10 DB Annual Rates *	Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Benefit Increase Factors		
					Pre-Enhanced Compound	Enhanced Compound	Simple
40	19.93	1.468	1.360	1.130	3.050	3.050	2.200
41	20.58	1.481	1.370	1.135	3.000	3.000	2.140
42	21.25	1.494	1.380	1.140	2.950	2.950	2.080
43	21.92	1.507	1.390	1.145	2.900	2.900	2.020
44	22.58	1.520	1.400	1.150	2.850	2.850	1.960
45	23.24	1.533	1.410	1.155	2.800	2.800	1.930
46	24.57	1.546	1.420	1.160	2.750	2.750	1.900
47	25.90	1.559	1.430	1.165	2.700	2.700	1.870
48	27.23	1.572	1.440	1.170	2.650	2.650	1.840
49	28.55	1.585	1.450	1.175	2.600	2.600	1.810
50	29.89	1.598	1.460	1.180	2.550	2.550	1.780
51	31.88	1.611	1.470	1.185	2.500	2.500	1.754
52	33.86	1.624	1.480	1.190	2.400	2.400	1.728
53	35.86	1.637	1.490	1.195	2.300	2.300	1.702
54	37.85	1.650	1.500	1.200	2.200	2.200	1.676
55	39.84	1.676	1.520	1.205	2.100	2.100	1.650
56	43.83	1.702	1.540	1.210	2.000	2.000	1.620
57	47.81	1.728	1.560	1.215	1.900	1.900	1.590
58	51.80	1.754	1.580	1.220	1.800	1.800	1.560
59	55.78	1.780	1.600	1.225	1.700	1.700	1.530
60	59.77	1.806	1.620	1.230	1.600	1.600	1.500
61	66.41	1.832	1.640	1.235	1.580	1.580	1.484
62	73.05	1.858	1.660	1.240	1.560	1.560	1.468
63	79.69	1.884	1.680	1.245	1.540	1.540	1.452
64	86.33	1.910	1.700	1.250	1.520	1.520	1.436
65	92.97	1.923	1.710	1.260	1.500	1.500	1.420
66	106.25	1.936	1.720	1.270	1.480	1.480	1.404
67	119.53	1.949	1.730	1.280	1.460	1.460	1.388
68	132.81	1.962	1.740	1.290	1.440	1.440	1.372
69	146.09	1.975	1.750	1.300	1.420	1.420	1.356
70	159.38	1.988	1.760	1.310	1.400	1.400	1.340
71	179.30	2.001	1.770	1.320	1.380	1.380	1.328
72	199.22	2.014	1.780	1.330	1.360	1.360	1.316
73	219.15	2.027	1.790	1.340	1.340	1.340	1.304
74	239.06	2.040	1.800	1.350	1.320	1.320	1.292
75	258.99	2.053	1.810	1.355	1.300	1.300	1.280
76	294.41	2.066	1.820	1.360	1.290	1.290	1.270
77	328.65	2.079	1.830	1.365	1.280	1.280	1.260
78	361.70	2.092	1.840	1.370	1.270	1.270	1.250
79	393.58	2.105	1.850	1.375	1.260	1.260	1.240
80	424.27	2.118	1.860	1.380	1.250	1.250	1.230
81	457.47	2.131	1.870	1.385	1.240	1.240	1.220
82	490.09	2.144	1.880	1.390	1.230	1.230	1.210
83	522.11	2.157	1.890	1.395	1.220	1.220	1.200
84	553.54	2.170	1.900	1.400	1.210	1.210	1.190

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6303-P-1-VA(Q)&(NQ) - HCBC Only
 Policies Issued On or After October 1, 2003
 Rates and Factors After Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90-Day Elimination Period
 Attachment B3.90.2

Issue Age	HCBC \$10 DB Annual Rates *	Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Benefit Increase Factors		
					Pre-Enhanced Compound	Enhanced Compound	Simple
40	29.89	1.468	1.360	1.130	3.050	3.050	2.200
41	30.87	1.481	1.370	1.135	3.000	3.000	2.140
42	31.87	1.494	1.380	1.140	2.950	2.950	2.080
43	32.87	1.507	1.390	1.145	2.900	2.900	2.020
44	33.87	1.520	1.400	1.150	2.850	2.850	1.960
45	34.85	1.533	1.410	1.155	2.800	2.800	1.930
46	36.85	1.546	1.420	1.160	2.750	2.750	1.900
47	38.84	1.559	1.430	1.165	2.700	2.700	1.870
48	40.84	1.572	1.440	1.170	2.650	2.650	1.840
49	42.82	1.585	1.450	1.175	2.600	2.600	1.810
50	44.82	1.598	1.460	1.180	2.550	2.550	1.780
51	47.81	1.611	1.470	1.185	2.500	2.500	1.754
52	50.79	1.624	1.480	1.190	2.400	2.400	1.728
53	53.79	1.637	1.490	1.195	2.300	2.300	1.702
54	56.78	1.650	1.500	1.200	2.200	2.200	1.676
55	59.76	1.676	1.520	1.205	2.100	2.100	1.650
56	65.75	1.702	1.540	1.210	2.000	2.000	1.620
57	71.71	1.728	1.560	1.215	1.900	1.900	1.590
58	77.70	1.754	1.580	1.220	1.800	1.800	1.560
59	83.67	1.780	1.600	1.225	1.700	1.700	1.530
60	89.65	1.806	1.620	1.230	1.600	1.600	1.500
61	99.60	1.832	1.640	1.235	1.580	1.580	1.484
62	109.57	1.858	1.660	1.240	1.560	1.560	1.468
63	119.53	1.884	1.680	1.245	1.540	1.540	1.452
64	129.50	1.910	1.700	1.250	1.520	1.520	1.436
65	139.45	1.923	1.710	1.260	1.500	1.500	1.420
66	159.37	1.936	1.720	1.270	1.480	1.480	1.404
67	179.29	1.949	1.730	1.280	1.460	1.460	1.388
68	199.21	1.962	1.740	1.290	1.440	1.440	1.372
69	219.14	1.975	1.750	1.300	1.420	1.420	1.356
70	239.06	1.988	1.760	1.310	1.400	1.400	1.340
71	268.95	2.001	1.770	1.320	1.380	1.380	1.328
72	298.82	2.014	1.780	1.330	1.360	1.360	1.316
73	328.71	2.027	1.790	1.340	1.340	1.340	1.304
74	358.59	2.040	1.800	1.350	1.320	1.320	1.292
75	388.48	2.053	1.810	1.355	1.300	1.300	1.280
76	441.61	2.066	1.820	1.360	1.290	1.290	1.270
77	492.96	2.079	1.830	1.365	1.280	1.280	1.260
78	542.55	2.092	1.840	1.370	1.270	1.270	1.250
79	590.36	2.105	1.850	1.375	1.260	1.260	1.240
80	636.40	2.118	1.860	1.380	1.250	1.250	1.230
81	686.20	2.131	1.870	1.385	1.240	1.240	1.220
82	735.12	2.144	1.880	1.390	1.230	1.230	1.210
83	783.15	2.157	1.890	1.395	1.220	1.220	1.200
84	830.31	2.170	1.900	1.400	1.210	1.210	1.190

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
LB-6303-P-1-VA(Q)&(NQ) - HCBC Only
Policies Issued On or After October 1, 2003
Rate Increases

Attachment B3.3

Issue Age	Increase Percentage		
	0-Day EP	30-Day EP	90-Day EP
40	50%	50%	50%
41	50%	50%	50%
42	50%	50%	50%
43	50%	50%	50%
44	50%	50%	50%
45	50%	50%	50%
46	50%	50%	50%
47	50%	50%	50%
48	50%	50%	50%
49	50%	50%	50%
50	50%	50%	50%
51	50%	50%	50%
52	50%	50%	50%
53	50%	50%	50%
54	50%	50%	50%
55	50%	50%	50%
56	50%	50%	50%
57	50%	50%	50%
58	50%	50%	50%
59	50%	50%	50%
60	50%	50%	50%
61	50%	50%	50%
62	50%	50%	50%
63	50%	50%	50%
64	50%	50%	50%
65	50%	50%	50%
66	50%	50%	50%
67	50%	50%	50%
68	50%	50%	50%
69	50%	50%	50%
70	50%	50%	50%
71	50%	50%	50%
72	50%	50%	50%
73	50%	50%	50%
74	50%	50%	50%
75	50%	50%	50%
76	50%	50%	50%
77	50%	50%	50%
78	50%	50%	50%
79	50%	50%	50%
80	50%	50%	50%
81	50%	50%	50%
82	50%	50%	50%
83	50%	50%	50%
84	50%	50%	50%

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303

Attachment C
Lapse Rates

Duration	Exposure*	Lapses	Actual Lapse Rates	Expected** Lapse Rates	Best Estimate Lapse Rates
1	31,152	1,638	5.26%	15.00%	5.00%
2	29,573	1,127	3.81%	10.00%	3.75%
3	28,521	745	2.61%	7.50%	2.50%
4	27,783	477	1.72%	5.00%	1.75%
5	27,243	362	1.33%	5.00%	1.50%
6	26,678	335	1.26%	5.00%	1.25%
7	25,904	319	1.23%	5.00%	1.00%
8	25,103	320	1.27%	5.00%	1.00%
9	24,427	265	1.08%	5.00%	1.00%
10	23,763	195	0.82%	5.00%	1.00%
11	23,093	177	0.77%	5.00%	1.00%
12	21,541	170	0.79%	5.00%	1.00%
13	17,611	145	0.82%	5.00%	1.00%
14	11,137	80	0.72%	5.00%	1.00%
15	6,659	38	0.57%	5.00%	1.00%
16	3,611	16	0.44%	5.00%	1.00%
17	1,133	9	0.79%	5.00%	1.00%
18	49	0	0.00%	5.00%	1.00%
Total/Average***	354,981	6,418	1.81%	6.49%	1.82%

*Exposure: Lifetime pay policies only

**Expected: Original pricing

***Average: Based on actual exposure

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303

Attachment D1
Mortality

Attained Age	Exposure	Actual Mortality	Expected Mortality*	Best Estimate**	Actual to Expected	Actual to Best Estimate
<45	11,523	6	16	2	0.38	2.57
45-54	69,643	50	175	38	0.29	1.32
55-64	210,181	427	1,147	404	0.37	1.06
65-74	202,561	1,141	2,646	1332	0.43	0.86
75-84	58,605	1,122	1,776	1134	0.63	0.99
85+	5,951	391	413	359	0.95	1.09
Total	558,463	3,137	6,172	3,269	0.51	0.96

*Expected: Original Pricing Assumption -- 1975-80 Select and Ultimate

**Best Estimate: see actuarial memorandum 9b

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303

Attachment D2
Mortality Selection Factors

Policy Duration	Selection Factors	
	Single	Joint
1	0.30	0.23
2	0.35	0.26
3	0.40	0.30
4	0.45	0.34
5	0.49	0.37
6	0.53	0.40
7	0.56	0.42
8	0.59	0.44
9	0.62	0.47
10	0.65	0.49
11	0.68	0.53
12	0.71	0.58
13	0.74	0.63
14	0.77	0.67
15	0.80	0.72
16	0.82	0.77
17	0.84	0.81
18	0.88	0.86
19	0.92	0.91
20	0.96	0.95
21	1.00	1.00

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303

Attachment E1.1
Incidence Rates Per 100

Best Estimate Incidence Rates				Original Pricing Incidence Rates		Ratio of Best Estimate to Original Pricing		Inforce Adjustment Factor**
Attained Age	Unisex*			Attained Age	Unisex	Attained Age	Unisex	Unisex
	Nursing Care	Home and Community Based Care	Assisted Living Facility					
40	0.0156	0.0195	0.0047	40	0.0240	40	65%	0.9993
41	0.0169	0.0211	0.0051	41	0.0260	41	65%	0.9992
42	0.0183	0.0229	0.0055	42	0.0282	42	65%	0.9992
43	0.0199	0.0249	0.0060	43	0.0306	43	65%	0.9991
44	0.0216	0.0270	0.0065	44	0.0332	44	65%	0.9991
45	0.0234	0.0293	0.0070	45	0.0360	45	65%	0.9990
46	0.0254	0.0317	0.0076	46	0.0390	46	65%	0.9989
47	0.0275	0.0344	0.0083	47	0.0423	47	65%	0.9988
48	0.0298	0.0373	0.0090	48	0.0459	48	65%	0.9987
49	0.0324	0.0405	0.0097	49	0.0498	49	65%	0.9986
50	0.0351	0.0439	0.0105	50	0.0540	50	65%	0.9984
51	0.0389	0.0486	0.0117	51	0.0598	51	65%	0.9983
52	0.0431	0.0539	0.0129	52	0.0663	52	65%	0.9981
53	0.0478	0.0597	0.0143	53	0.0735	53	65%	0.9979
54	0.0530	0.0662	0.0159	54	0.0815	54	65%	0.9977
55	0.0587	0.0734	0.0176	55	0.0903	55	65%	0.9975
56	0.0651	0.0813	0.0195	56	0.1001	56	65%	0.9972
57	0.0721	0.0901	0.0216	57	0.1109	57	65%	0.9969
58	0.0799	0.0916	0.0232	58	0.1229	58	65%	0.9966
59	0.0886	0.0904	0.0257	59	0.1362	59	65%	0.9963
60	0.0982	0.0909	0.0275	60	0.1510	60	65%	0.9958
61	0.1165	0.0980	0.0315	61	0.1792	61	65%	0.9954
62	0.1383	0.1072	0.0373	62	0.2127	62	65%	0.9949
63	0.1641	0.1164	0.0427	63	0.2525	63	65%	0.9943
64	0.1948	0.1192	0.0506	64	0.2997	64	65%	0.9937
65	0.2312	0.1260	0.0578	65	0.3557	65	65%	0.9930
66	0.2744	0.1339	0.0659	66	0.4222	66	65%	0.9922
67	0.3257	0.1404	0.0782	67	0.5011	67	65%	0.9913
68	0.3866	0.1481	0.0889	68	0.5948	68	65%	0.9902
69	0.4589	0.1491	0.1056	69	0.7060	69	65%	0.9889
70	0.5447	0.1563	0.1198	70	0.8380	70	65%	0.9873
71	0.6449	0.1612	0.1419	71	0.9922	71	65%	0.9854
72	0.7636	0.1848	0.1603	72	1.1747	72	65%	0.9831
73	0.9040	0.1944	0.1898	73	1.3908	73	65%	0.9802
74	1.0704	0.2109	0.2141	74	1.6467	74	65%	0.9767
75	1.2673	0.2142	0.2535	75	1.9497	75	65%	0.9724
76	1.5004	0.2266	0.2851	76	2.3083	76	65%	0.9674
77	1.7765	0.2363	0.3375	77	2.7330	77	65%	0.9613
78	2.1033	0.2419	0.3996	78	3.2358	78	65%	0.9542
79	2.4903	0.2914	0.4482	79	3.8312	79	65%	0.9459
80	2.9484	0.2919	0.5307	80	4.5360	80	65%	0.9364
81	3.2708	0.2976	0.5560	81	4.9699	81	66%	0.9255
82	3.6280	0.3011	0.6168	82	5.4454	82	67%	0.9132
83	4.0236	0.2615	0.6840	83	5.9664	83	67%	0.8994
84	4.4616	0.2989	0.7139	84	6.5372	84	68%	0.8844
85	4.9466	0.2919	0.7915	85	7.1626	85	69%	0.8678
86	5.4836	0.3400	0.8225	86	7.8478	86	70%	0.8500
87	6.0781	0.3282	0.9117	87	8.5986	87	71%	0.8310
88	6.7361	0.3099	1.0104	88	9.4212	88	72%	0.8106
89	7.4644	0.3583	1.0450	89	10.3225	89	72%	0.7894
90	8.2704	0.3308	1.1579	90	11.3100	90	73%	0.7683
91	8.9851	0.3774	1.2579	91	12.0377	91	75%	0.7467
92	9.7604	0.4295	1.2689	92	12.8123	92	76%	0.7246
93	10.6013	0.3816	1.3782	93	13.6367	93	78%	0.7020
94	11.5134	0.4490	1.4967	94	14.5141	94	79%	0.6789
95	12.5024	0.5126	1.6253	95	15.4480	95	81%	0.6572
96	13.5750	0.5837	1.6290	96	16.4420	96	83%	0.6357
97	14.7379	0.6779	1.7686	97	17.5000	97	84%	0.6152
98	15.4855	0.7433	1.8583	98	18.6686	98	83%	0.5940
99	16.2692	0.9924	1.7896	99	19.8602	99	82%	0.5737
100	17.0909	1.0938	1.8800	100	20.7300	100	82%	0.5514
101	17.7797	1.1735	1.9558	101	21.1791	101	84%	0.5322
102	18.2250	1.2575	2.0048	102	21.6379	102	84%	0.5136
103	18.6798	1.5131	1.8680	103	22.1067	103	84%	0.4959
104	19.1440	1.6081	1.9144	104	22.5856	104	85%	0.4789
105	19.6180	1.7068	1.9618	105	23.0749	105	85%	0.4628
106	20.1020	1.7891	2.0102	106	23.5748	106	85%	0.4474
107	20.5960	1.8948	2.0596	107	24.0856	107	86%	0.4329
108	21.1003	2.0045	2.1100	108	24.6074	108	86%	0.4191
109	21.6151	2.0967	2.1615	109	25.1404	109	86%	0.4060
110	22.1406	2.2141	2.2141	110	25.6851	110	86%	0.3939

*Unisex rates based on 30% Male and 70% Female

**Adjustment factors to account for the fact that claim incidence is not reflected in the inforce count. See actuarial memorandum section 9.c "Inforce Adjustment Factors"

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303

Attachment E1.2
Length of Stay Per \$1 of Daily Benefit

Best Estimate Length of Stay*			Original Pricing Length of Stay**			Best Estimate / Original Pricing		
Attained Age	No COLA	5% Compound COLA	Attained Age	No COLA	5% Compound COLA	Attained Age	No COLA	5% Compound COLA
40	1,011.74	1,152.91	40	782.48	924.57	40	129%	125%
41	935.49	1,066.19	41	768.35	910.81	41	122%	117%
42	866.17	987.66	42	755.40	898.78	42	115%	110%
43	803.26	916.70	43	743.68	888.68	43	108%	103%
44	746.29	852.84	44	733.30	880.82	44	102%	97%
45	694.89	795.66	45	724.43	875.66	45	96%	91%
46	648.75	744.88	46	717.33	873.91	46	90%	85%
47	607.63	700.34	47	712.38	876.68	47	85%	80%
48	571.42	662.03	48	710.23	885.71	48	80%	75%
49	540.13	630.20	49	711.84	903.72	49	76%	70%
50	513.97	605.45	50	718.76	935.09	50	72%	65%
51	507.57	592.61	51	708.18	914.05	51	72%	65%
52	503.54	585.74	52	698.33	894.54	52	72%	65%
53	500.00	579.70	53	689.16	876.45	53	73%	66%
54	496.90	574.40	54	680.62	859.66	54	73%	67%
55	494.17	569.71	55	672.68	844.10	55	73%	67%
56	491.76	565.57	56	665.29	829.66	56	74%	68%
57	489.64	561.89	57	658.42	816.27	57	74%	69%
58	487.78	558.62	58	652.04	803.85	58	75%	69%
59	486.14	555.72	59	646.11	792.33	59	75%	70%
60	484.70	553.13	60	640.60	781.66	60	76%	71%
61	496.07	565.79	61	615.21	742.04	61	81%	76%
62	507.91	579.10	62	592.55	707.71	62	86%	82%
63	520.19	592.96	63	571.97	677.10	63	91%	88%
64	532.91	607.34	64	553.16	649.64	64	96%	93%
65	546.05	622.26	65	535.88	624.82	65	102%	100%
66	559.64	637.72	66	519.92	602.27	66	108%	106%
67	573.68	653.71	67	505.11	581.67	67	114%	112%
68	588.18	670.26	68	491.32	562.74	68	120%	119%
69	603.15	687.38	69	478.43	545.27	69	126%	126%
70	618.62	705.09	70	466.33	529.08	70	133%	133%
71	625.28	711.29	71	458.89	518.57	71	136%	137%
72	632.29	717.93	72	452.06	509.02	72	140%	141%
73	639.60	724.94	73	445.77	500.30	73	143%	145%
74	647.21	732.30	74	439.97	492.33	74	147%	149%
75	655.12	740.02	75	434.61	485.02	75	151%	153%
76	663.34	748.09	76	429.66	478.31	76	154%	156%
77	671.85	756.51	77	425.07	472.13	77	158%	160%
78	680.67	765.29	78	420.82	466.43	78	162%	164%
79	689.80	774.42	79	416.87	461.17	79	165%	168%
80	699.23	783.90	80	413.21	456.30	80	169%	172%
81	685.05	764.40	81	408.75	449.31	81	168%	170%
82	672.86	747.81	82	405.96	445.34	82	166%	168%
83	662.16	733.28	83	403.48	441.82	83	164%	166%
84	652.71	720.46	84	401.24	438.68	84	163%	164%
85	644.33	709.10	85	399.21	435.83	85	161%	163%
86	636.87	698.99	86	397.35	433.22	86	160%	161%
87	630.21	689.96	87	395.63	430.82	87	159%	160%
88	624.26	681.88	88	394.03	428.60	88	158%	159%
89	618.93	674.63	89	392.55	426.53	89	158%	158%
90	614.16	668.12	90	391.16	424.59	90	157%	157%
91	584.56	634.34	91	382.48	415.08	91	153%	153%
92	557.51	603.71	92	374.17	406.00	92	149%	149%
93	532.51	575.50	93	366.20	397.30	93	145%	145%
94	509.35	549.45	94	358.55	388.96	94	142%	141%
95	487.85	525.34	95	351.21	380.95	95	139%	138%
96	467.86	502.97	96	344.16	373.28	96	136%	135%
97	449.23	482.18	97	337.40	365.91	97	133%	132%
98	431.85	462.82	98	330.91	358.85	98	131%	129%
99	415.62	444.77	99	324.68	352.09	99	128%	126%
100	400.43	427.91	100	318.89	345.91	100	126%	124%
101	400.43	427.91	101	283.99	295.45	101	141%	145%
102	400.43	427.91	102	283.99	295.45	102	141%	145%
103	400.43	427.91	103	283.99	295.45	103	141%	145%
104	400.43	427.91	104	283.99	295.45	104	141%	145%
105	400.43	427.91	105	283.99	295.45	105	141%	145%
106	400.43	427.91	106	283.99	295.45	106	141%	145%
107	400.43	427.91	107	283.99	295.45	107	141%	145%
108	400.43	427.91	108	283.99	295.45	108	141%	145%
109	400.43	427.91	109	283.99	295.45	109	141%	145%
110	400.43	427.91	110	283.99	295.45	110	141%	145%

* Based on SOA LTC Intercompany Study 1984-2007 Report and reinsurer's experiences. 5% interest. Lifetime Benefits, 90 Day Elimination Period, 30% Male, 70% Female.

** 1985 National Nursing Home Survey table 11, linearly interpolated between age group. 5% interest. Lifetime Benefits, 90 Day Elimination Period, 30% Male, 70% Female.

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303

Attachment E2.1
Actual to Expected Incidence Rates

Duration	Exposure	Actual	Expected*	Actual to Expected
1	46,735	58	134	0.43
2	44,795	81	143	0.57
3	43,496	98	156	0.63
4	42,567	101	172	0.59
5	41,906	105	191	0.55
6	41,228	142	212	0.67
7	40,321	191	234	0.82
8	39,401	231	257	0.90
9	38,641	244	282	0.86
10	37,892	291	310	0.94
11	37,144	286	339	0.84
12	35,532	315	363	0.87
13	29,789	285	352	0.81
14	19,174	261	268	0.97
15	11,923	155	187	0.83
16	6,123	94	111	0.85
17	1,723	35	37	0.94
18	73	0	2	0.00
Average	558,463	2,973	3,750	0.79

*Expected: Original pricing incidence

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303

Attachment E2.2
Actual to Expected Claim Termination

Duration	Claim Exposure*	Actual	Expected**	Actual to Expected
1st quarter	452	168	183	0.92
2nd quarter	577	119	127	0.94
3rd quarter	440	39	56	0.70
4th quarter	385	31	34	0.90
2	1,289	257	394	0.65
3	878	167	262	0.64
4	595	166	182	0.91
5	343	68	87	0.78
6	216	41	75	0.55
7	145	18	52	0.34
8	99	13	36	0.36
9	62	5	23	0.22
10	42	7	15	0.47
11	23	3	7	0.43
12	13	1	3	0.33
13	6	0	1	0.00
14	3	0	0	0.00
15	2	0	0	0.00
16	0	0	0	0.00
Total	5,569	1,103	1,537	0.72

*Exposure not counted when a claim in elimination period

**Expected: Original pricing continuance - 1985 NHS Survey Table 11, Unisex

Lincoln Benefit Life Company
Nationwide Experience Projection*
Policy Form: LB-6301, LB-6302, LB-6303
Policies Issued On or After October 1, 2003

Attachment F

	Calendar Year	Before Proposed Increase			After Proposed Increase			at:	5.00%
		Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Year End 2015	Factor 1.0500
Historical Experience	1998	0	0	0%	0	0	0%	17.5	2.3486
	1999	0	0	0%	0	0	0%	16.5	2.2368
	2000	0	0	0%	0	0	0%	15.5	2.1303
	2001	0	0	0%	0	0	0%	14.5	2.0288
	2002	0	0	0%	0	0	0%	13.5	1.9322
	2003	617,665	0	0%	617,665	0	0%	12.5	1.8402
	2004	4,216,459	0	0%	4,216,459	0	0%	11.5	1.7526
	2005	5,781,045	4,590	0%	5,781,045	4,590	0%	10.5	1.6691
	2006	6,134,640	1,083,853	18%	6,134,640	1,083,853	18%	9.5	1.5896
	2007	6,112,869	1,729,700	28%	6,112,869	1,729,700	28%	8.5	1.5139
	2008	6,080,721	559,657	9%	6,080,721	559,657	9%	7.5	1.4418
	2009	6,023,289	135,594	2%	6,023,289	135,594	2%	6.5	1.3732
	2010	6,331,232	176,134	3%	6,331,232	176,134	3%	5.5	1.3078
	2011	6,653,654	975,867	15%	6,653,654	975,867	15%	4.5	1.2455
	2012	6,495,182	805,591	12%	6,495,182	805,591	12%	3.5	1.1862
2013	6,405,497	869,577	14%	6,405,497	869,577	14%	2.5	1.1297	
2014	6,320,285	693,598	11%	6,320,285	693,598	11%	1.5	1.0759	
2015	6,121,554	1,540,396	25%	6,121,554	1,540,396	25%	0.5	1.0247	
Projected Future Experience	2016	6,035,063	3,093,866	51%	7,247,055	3,027,029	42%	-0.5	0.9759
	2017	5,904,817	3,628,415	61%	8,276,487	3,468,231	42%	-1.5	0.9294
	2018	5,766,578	4,238,465	74%	8,082,725	4,047,210	50%	-2.5	0.8852
	2019	5,619,797	4,924,142	88%	7,876,988	4,697,064	60%	-3.5	0.8430
	2020	5,464,077	5,681,653	104%	7,658,723	5,413,982	71%	-4.5	0.8029
	2021	5,298,474	6,506,796	123%	7,426,605	6,193,738	83%	-5.5	0.7646
	2022	5,121,641	7,403,923	145%	7,178,748	7,040,417	98%	-6.5	0.7282
	2023	4,932,721	8,358,818	169%	6,913,949	7,940,429	115%	-7.5	0.6936
	2024	4,731,326	9,349,149	198%	6,631,664	8,872,546	134%	-8.5	0.6605
	2025	4,519,294	10,362,557	229%	6,334,468	9,825,300	155%	-9.5	0.6291
	2026	4,300,418	11,392,400	265%	6,027,681	10,792,536	179%	-10.5	0.5991
	2027	4,076,687	12,424,545	305%	5,714,089	11,761,015	206%	-11.5	0.5706
	2028	3,848,960	13,441,554	349%	5,394,895	12,714,423	236%	-12.5	0.5434
	2029	3,618,083	14,405,231	398%	5,071,286	13,616,857	269%	-13.5	0.5175
	2030	3,385,054	15,307,097	452%	4,744,661	14,460,409	305%	-14.5	0.4929
	2031	3,151,066	16,109,054	511%	4,416,692	15,209,335	344%	-15.5	0.4694
	2032	2,917,425	16,791,132	576%	4,089,208	15,844,946	387%	-16.5	0.4471
	2033	2,685,634	17,353,307	646%	3,764,319	16,367,251	435%	-17.5	0.4258
	2034	2,457,239	17,761,043	723%	3,444,189	16,743,870	486%	-18.5	0.4055
	2035	2,233,790	18,001,055	806%	3,130,991	16,962,517	542%	-19.5	0.3862
	2036	2,016,929	18,068,669	896%	2,827,028	17,018,936	602%	-20.5	0.3678
	2037	1,808,269	17,957,433	993%	2,534,560	16,907,213	667%	-21.5	0.3503
	2038	1,609,260	17,650,573	1097%	2,255,619	16,611,790	736%	-22.5	0.3336
	2039	1,421,331	17,157,642	1207%	1,992,209	16,141,794	810%	-23.5	0.3177
	2040	1,245,663	16,508,947	1325%	1,745,984	15,525,864	889%	-24.5	0.3026
	2041	1,083,126	15,710,946	1451%	1,518,163	14,770,240	973%	-25.5	0.2882
	2042	934,340	14,784,377	1582%	1,309,618	13,894,534	1061%	-26.5	0.2745
	2043	799,554	13,772,366	1723%	1,120,694	12,939,351	1155%	-27.5	0.2614
	2044	678,700	12,703,028	1872%	951,299	11,931,127	1254%	-28.5	0.2489
	2045	571,479	11,596,670	2029%	801,014	10,888,967	1359%	-29.5	0.2371
	2046	477,335	10,484,077	2196%	669,057	9,841,746	1471%	-30.5	0.2258
	2047	395,476	9,392,160	2375%	554,320	8,814,677	1590%	-31.5	0.2150
	2048	325,039	8,329,723	2563%	455,591	7,815,951	1716%	-32.5	0.2048
2049	265,016	7,314,581	2760%	371,459	6,862,195	1847%	-33.5	0.1951	
2050	214,349	6,367,172	2970%	300,442	5,972,483	1988%	-34.5	0.1858	
2051	171,975	5,490,157	3192%	241,049	5,149,214	2136%	-35.5	0.1769	
2052	136,872	4,689,921	3427%	191,847	4,398,290	2293%	-36.5	0.1685	
2053	108,044	3,965,762	3671%	151,440	3,718,958	2456%	-37.5	0.1605	
2054	84,571	3,320,994	3927%	118,539	3,114,231	2627%	-38.5	0.1528	
2055	65,641	2,748,015	4186%	92,006	2,576,924	2801%	-39.5	0.1456	
	Past	73,294,093	8,574,558	12%	73,294,093	8,574,558	12%		
	Future	100,481,114	434,547,416	432%	139,627,361	409,893,591	294%		
	Lifetime	173,775,206	443,121,974	255%	212,921,454	418,468,148	197%		
Interest	5.00%								
	Past w/ int	98,801,836	11,050,896	11%	98,801,836	11,050,896	11%		
	Future w/ int	63,365,268	179,922,640	284%	87,633,146	170,093,249	194%		
	Lifetime w/ int	162,167,105	190,973,536	118%	186,434,982	181,144,145	97%		

*Projection is for lifetime-pay policies only.

Lincoln Benefit Life Company
Virginia Experience Projection*
Policy Form: LB-6301-P-VA, LB-6302-P-1-VA, LB-6303-P-1-VA
Policies Issued On or After October 1, 2003

Attachment G

	Calendar Year	Before Proposed Increase			After Proposed Increase			at:	5.00%
		Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Year End 2015	Factor 1.0500
Historical Experience	1998	0	0	0%	0	0	0%	17.5	2.3486
	1999	0	0	0%	0	0	0%	16.5	2.2368
	2000	0	0	0%	0	0	0%	15.5	2.1303
	2001	0	0	0%	0	0	0%	14.5	2.0288
	2002	0	0	0%	0	0	0%	13.5	1.9322
	2003	50,440	0	0%	50,440	0	0%	12.5	1.8402
	2004	128,233	0	0%	128,233	0	0%	11.5	1.7526
	2005	129,625	0	0%	129,625	0	0%	10.5	1.6691
	2006	119,453	0	0%	119,453	0	0%	9.5	1.5896
	2007	122,756	0	0%	122,756	0	0%	8.5	1.5139
	2008	118,735	0	0%	118,735	0	0%	7.5	1.4418
	2009	117,389	0	0%	117,389	0	0%	6.5	1.3732
	2010	119,944	0	0%	119,944	0	0%	5.5	1.3078
	2011	120,376	0	0%	120,376	0	0%	4.5	1.2455
	2012	123,267	0	0%	123,267	0	0%	3.5	1.1862
2013	129,720	0	0%	129,720	0	0%	2.5	1.1297	
2014	123,649	0	0%	123,649	0	0%	1.5	1.0759	
2015	115,160	0	0%	115,160	0	0%	0.5	1.0247	
Projected Future Experience	2016	116,258	67,190	58%	139,606	65,574	47%	-0.5	0.9759
	2017	113,799	80,194	70%	159,507	76,276	48%	-1.5	0.9294
	2018	111,193	95,285	86%	155,854	90,556	58%	-2.5	0.8852
	2019	108,431	111,995	103%	151,982	106,354	70%	-3.5	0.8430
	2020	105,498	131,533	125%	147,871	124,811	84%	-4.5	0.8029
	2021	102,357	153,788	150%	143,469	145,821	102%	-5.5	0.7646
	2022	98,988	177,751	180%	138,747	168,426	121%	-6.5	0.7282
	2023	95,379	201,540	211%	133,689	190,848	143%	-7.5	0.6936
	2024	91,520	226,988	248%	128,280	214,815	167%	-8.5	0.6605
	2025	87,499	250,491	286%	122,643	236,915	193%	-9.5	0.6291
	2026	83,352	273,213	328%	116,830	258,251	221%	-10.5	0.5991
	2027	79,081	296,549	375%	110,844	280,141	253%	-11.5	0.5706
	2028	74,683	318,810	427%	104,680	300,995	288%	-12.5	0.5434
	2029	70,171	338,824	483%	98,356	319,711	325%	-13.5	0.5175
	2030	65,552	357,577	545%	91,881	337,219	367%	-14.5	0.4929
	2031	60,839	373,007	613%	85,275	351,584	412%	-15.5	0.4694
	2032	56,065	384,833	686%	78,584	362,542	461%	-16.5	0.4471
	2033	51,278	392,508	765%	71,874	369,589	514%	-17.5	0.4258
	2034	46,522	394,483	848%	65,207	371,280	569%	-18.5	0.4055
	2035	41,855	390,628	933%	58,666	367,485	626%	-19.5	0.3862
	2036	37,333	381,744	1023%	52,328	358,970	686%	-20.5	0.3678
	2037	33,000	368,911	1118%	46,255	346,758	750%	-21.5	0.3503
	2038	28,901	352,177	1219%	40,509	330,903	817%	-22.5	0.3336
	2039	25,075	332,288	1325%	35,146	312,104	888%	-23.5	0.3177
	2040	21,544	310,340	1440%	30,197	291,391	965%	-24.5	0.3026
	2041	18,330	286,314	1562%	25,692	268,748	1046%	-25.5	0.2882
	2042	15,443	260,291	1686%	21,645	244,252	1128%	-26.5	0.2745
	2043	12,879	234,754	1823%	18,052	220,229	1220%	-27.5	0.2614
	2044	10,632	208,266	1959%	14,903	195,334	1311%	-28.5	0.2489
	2045	8,690	183,010	2106%	12,180	171,608	1409%	-29.5	0.2371
	2046	7,031	159,363	2267%	9,855	149,402	1516%	-30.5	0.2258
	2047	5,631	137,095	2435%	7,892	128,499	1628%	-31.5	0.2150
2048	4,464	116,510	2610%	6,257	109,184	1745%	-32.5	0.2048	
2049	3,502	97,918	2796%	4,909	91,744	1869%	-33.5	0.1951	
2050	2,719	81,836	3009%	3,812	76,663	2011%	-34.5	0.1858	
2051	2,089	67,501	3232%	2,927	63,224	2160%	-35.5	0.1769	
2052	1,587	54,371	3426%	2,224	50,918	2289%	-36.5	0.1685	
2053	1,193	43,238	3625%	1,672	40,486	2421%	-37.5	0.1605	
2054	886	34,005	3836%	1,242	31,837	2562%	-38.5	0.1528	
2055	652	26,439	4058%	913	24,750	2710%	-39.5	0.1456	
	Past	1,518,747	0	0%	1,518,747	0	0%		
	Future	1,901,902	8,753,561	460%	2,642,454	8,246,198	312%		
	Lifetime	3,420,649	8,753,561	256%	4,161,200	8,246,198	198%		
Interest	5.00%								
	Past w/ int	2,092,649	0	0%	2,092,649	0	0%		
	Future w/ int	1,213,490	3,859,510	318%	1,678,104	3,642,329	217%		
	Lifetime w/ int	3,306,139	3,859,510	117%	3,770,753	3,642,329	97%		

*Projection is for lifetime-pay policies only.

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303
Policies Issued On or After October 1, 2003

Attachment H1
Durational Lifetime Loss Ratio Exhibit - Projected and Historical Experience*
Nationwide

Policy Duration	Earned Premium**	Incurred Claims	Policyholder Count	Claim Count	Actual and Best Estimate Durational Loss Ratio	Actual and Best Estimate Cumulative Loss Ratio	Expected Cumulative Loss Ratio	Actual and Best Estimate to Expected Cumulative Loss Ratio
1	6,572,966	9	3,741	0	0.00%	0.00%	5.79%	0.00
2	6,277,041	4,616	3,629	1	0.07%	0.03%	8.08%	0.00
3	6,097,309	2,057,447	3,534	3	33.74%	10.10%	10.79%	0.94
4	6,082,016	864,911	3,456	8	14.22%	10.95%	13.79%	0.79
5	5,973,934	451,218	3,371	2	7.55%	10.33%	17.30%	0.60
6	5,978,822	224,036	3,275	4	3.75%	9.38%	21.31%	0.44
7	6,375,911	555,332	3,146	5	8.71%	9.27%	24.92%	0.37
8	6,565,694	884,453	3,078	8	13.47%	9.69%	28.32%	0.34
9	6,513,358	1,273,441	3,031	8	19.55%	10.58%	31.63%	0.33
10	6,393,770	325,130	2,985	7	5.09%	10.12%	34.64%	0.29
11	6,227,098	948,435	2,957	7	15.23%	10.45%	37.74%	0.28
12	6,183,438	2,189,395	2,919	16	35.41%	11.95%	40.74%	0.29
13	6,112,519	3,404,639	2,861	25	55.70%	14.29%	43.65%	0.33
14	5,863,588	3,892,931	2,796	29	66.39%	16.71%	46.45%	0.36
15	5,720,891	4,542,074	2,727	32	79.39%	19.30%	49.15%	0.39
16	5,571,410	5,269,435	2,654	35	94.58%	22.08%	51.95%	0.43
17	5,412,914	6,065,643	2,576	39	112.06%	25.05%	54.45%	0.46
18	5,244,249	6,931,052	2,494	42	132.16%	28.21%	56.64%	0.50
19	5,063,851	7,862,764	2,405	45	155.27%	31.57%	58.64%	0.54
20	4,871,201	8,847,368	2,311	48	181.63%	35.12%	60.44%	0.58
21	4,665,933	9,864,639	2,212	51	211.42%	38.83%	61.85%	0.63
22	4,450,390	10,895,058	2,110	54	244.81%	42.70%	63.14%	0.68
23	4,229,843	11,935,450	2,006	56	282.17%	46.71%	64.24%	0.73
24	4,004,763	12,978,570	1,900	58	324.08%	50.83%	65.14%	0.78
25	3,775,833	13,989,267	1,792	60	370.49%	55.04%	66.04%	0.83
26	3,543,958	14,935,960	1,684	61	421.45%	59.29%	66.64%	0.89
27	3,310,188	15,798,647	1,575	61	477.27%	63.57%	67.14%	0.95
28	3,075,768	16,554,603	1,465	61	538.23%	67.83%	67.54%	1.00
29	2,842,071	17,182,682	1,356	61	604.58%	72.04%	67.94%	1.06
30	2,610,600	17,684,955	1,249	60	677.43%	76.16%	68.24%	1.12
31	2,382,928	18,019,468	1,142	58	756.19%	80.16%	68.24%	1.17
32	2,160,641	18,180,936	1,039	56	841.46%	84.01%	68.24%	1.23
33	1,945,420	18,157,773	938	54	933.36%	87.68%	68.24%	1.28
34	1,738,883	17,942,039	841	51	1031.81%	91.13%	68.24%	1.34
35	1,542,526	17,536,266	749	48	1136.85%	94.36%	68.24%	1.38
36	1,357,707	16,951,013	662	44	1248.50%	97.33%	68.24%	1.43
37	1,185,569	16,205,145	581	41	1366.87%	100.05%	68.24%	1.47
38	1,026,942	15,331,721	506	37	1492.95%	102.50%	68.24%	1.50
39	882,319	14,339,234	437	33	1625.18%	104.70%	68.24%	1.53
40	751,859	13,278,436	375	30	1766.08%	106.64%	68.24%	1.56
41	635,420	12,167,390	319	26	1914.86%	108.33%	68.24%	1.59
42	532,594	11,038,911	269	23	2072.67%	109.81%	68.24%	1.61
43	442,729	9,918,150	225	20	2240.23%	111.07%	68.24%	1.63
44	364,981	8,815,193	187	17	2415.25%	112.14%	68.24%	1.64
45	298,424	7,761,449	154	14	2600.81%	113.04%	68.24%	1.66
46	242,000	6,769,504	126	12	2797.32%	113.79%	68.24%	1.67
47	194,622	5,847,865	102	10	3004.73%	114.41%	68.24%	1.68
48	155,221	5,004,963	82	8	3224.42%	114.92%	68.24%	1.68
49	122,759	4,238,244	66	7	3452.50%	115.32%	68.24%	1.69
50	96,256	3,550,331	52	5	3688.42%	115.65%	68.24%	1.69
Grand Total	173,671,125	439,468,192	86,149	1,542	253.05%	115.65%	68.24%	1.69

*Experience includes lifetime-pay policies only.

** UPR, DUE and ADV Prem as of calendar year end. These can cause fluctuations in the earned premium.

Lincoln Benefit Life Company
Policy Form: LB-6301-P-VA, LB-6302-P-1-VA, LB-6303-P-1-VA
Policies Issued On or After October 1, 2003

Attachment H2
Durational Lifetime Loss Ratio Exhibit - Projected and Historical Experience*
Virginia

Policy Duration	Earned Premium**	Incurred Claims	Policyholder Count	Claim Count	Actual and Best Estimate Durational Loss Ratio	Actual and Best Estimate Cumulative Loss Ratio	Expected Cumulative Loss Ratio	Actual and Best Estimate to Expected Cumulative Loss Ratio
1	128,559	0	83	0	0.00%	0.00%	5.79%	-
2	123,752	0	81	0	0.00%	0.00%	8.08%	-
3	120,520	0	80	0	0.00%	0.00%	10.79%	-
4	121,355	0	79	0	0.00%	0.00%	13.79%	-
5	121,568	0	78	0	0.00%	0.00%	17.30%	-
6	118,287	0	73	0	0.00%	0.00%	21.31%	-
7	117,971	0	73	0	0.00%	0.00%	24.92%	-
8	119,980	0	72	0	0.00%	0.00%	28.32%	-
9	119,145	0	71	0	0.00%	0.00%	31.63%	-
10	134,230	0	69	0	0.00%	0.00%	34.64%	-
11	127,870	0	68	0	0.00%	0.00%	37.74%	-
12	123,093	0	67	0	0.00%	0.00%	40.74%	-
13	111,030	52,806	66	0	47.56%	2.38%	43.65%	0.05
14	114,835	77,453	65	1	67.45%	5.43%	46.45%	0.12
15	112,292	92,170	63	1	82.08%	8.63%	49.15%	0.18
16	109,596	108,421	61	1	98.93%	12.00%	51.95%	0.23
17	106,736	127,404	60	1	119.36%	15.58%	54.45%	0.29
18	103,686	149,224	58	1	143.92%	19.42%	56.64%	0.34
19	100,413	173,234	56	1	172.52%	23.53%	58.64%	0.40
20	96,903	196,809	53	1	203.10%	27.85%	60.44%	0.46
21	93,143	222,292	51	1	238.66%	32.39%	61.85%	0.52
22	89,171	246,186	49	1	276.08%	37.08%	63.14%	0.59
23	85,072	268,844	46	1	316.02%	41.87%	64.24%	0.65
24	80,851	292,132	44	1	361.32%	46.76%	65.14%	0.72
25	76,503	314,775	41	1	411.45%	51.72%	66.04%	0.78
26	72,034	335,063	39	2	465.14%	56.70%	66.64%	0.85
27	67,461	354,369	36	2	525.30%	61.68%	67.14%	0.92
28	62,786	370,552	33	2	590.18%	66.61%	67.54%	0.99
29	58,032	383,273	31	2	660.45%	71.45%	67.94%	1.05
30	53,247	391,910	28	1	736.03%	76.15%	68.24%	1.12
31	48,477	394,980	26	1	814.78%	80.64%	68.24%	1.18
32	43,767	392,264	23	1	896.25%	84.89%	68.24%	1.24
33	39,182	384,053	21	1	980.17%	88.85%	68.24%	1.30
34	34,770	371,818	18	1	1069.38%	92.50%	68.24%	1.36
35	30,572	355,731	16	1	1163.58%	95.83%	68.24%	1.40
36	26,631	336,305	14	1	1262.82%	98.83%	68.24%	1.45
37	22,977	314,752	12	1	1369.85%	101.51%	68.24%	1.49
38	19,631	291,206	10	1	1483.40%	103.88%	68.24%	1.52
39	16,608	265,273	9	1	1597.28%	105.94%	68.24%	1.55
40	13,910	239,758	7	1	1723.59%	107.72%	68.24%	1.58
41	11,532	213,140	6	1	1848.32%	109.22%	68.24%	1.60
42	9,463	187,589	5	0	1982.43%	110.49%	68.24%	1.62
43	7,686	163,530	4	0	2127.58%	111.55%	68.24%	1.63
44	6,179	140,956	3	0	2281.06%	112.42%	68.24%	1.65
45	4,916	120,019	3	0	2441.33%	113.12%	68.24%	1.66
46	3,870	101,005	2	0	2609.73%	113.69%	68.24%	1.67
47	3,015	84,526	2	0	2803.74%	114.15%	68.24%	1.67
48	2,323	70,009	1	0	3014.27%	114.50%	68.24%	1.68
49	1,769	56,616	1	0	3199.60%	114.78%	68.24%	1.68
50	1,333	45,105	1	0	3383.17%	114.99%	68.24%	1.69
Grand Total	3,418,732	8,685,551	1,957	35	254.06%	114.99%	68.24%	1.69

*Experience includes lifetime-pay policies only.

** UPR, DUE and ADV Prem as of calendar year end. These can cause fluctuations in the earned premium.

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303
Policies Issued On or After October 1, 2003

Attachment II
Nationwide Policy and Premium Distribution

	Policies	Premium	% of Policies	% of Premium
Base				
Comprehensive	1,917	5,823,714	95%	97%
Nursing Home Only	61	122,646	3%	2%
HCBC Only	41	73,913	2%	1%
Total	2,019	6,020,274	100%	100%
COLA Options				
No COLA	158	327,630	8%	5%
Simple COLA	80	229,526	4%	4%
Compound COLA	1,781	5,463,117	88%	91%
Total	2,019	6,020,274	100%	100%
Nonforfeiture Options				
None	1,979	5,818,544	98%	97%
SBP	12	33,817	1%	1%
Full ROP & SBP	0	0	0%	0%
Limited ROP	9	28,930	0%	0%
Full ROP	19	138,983	1%	2%
Total	2,019	6,020,274	100%	100%
Joint/Single Life				
Joint	923	3,368,387	46%	56%
Single	1,096	2,651,886	54%	44%
Total	2,019	6,020,274	100%	100%
Billing Mode				
Annual	663	2,184,632	33%	36%
Semi-Annual	63	208,140	3%	3%
Quarterly	229	747,556	11%	12%
Monthly	1,064	2,879,946	53%	48%
Total	2,019	6,020,274	100%	100%
Elimination Period				
0 Day	134	438,221	7%	7%
30 Days	428	1,371,603	21%	23%
60 Days	60	157,477	3%	3%
90 Days	1,397	4,052,972	69%	67%
Total	2,019	6,020,274	100%	100%
Benefit Period (NH/HH)				
3 Year / 3 Year	239	563,593	12%	9%
5 Year / 3 Year	10	32,743	0%	1%
5 Year / 5 Year	183	539,171	9%	9%
Lifetime / 3 Year	30	86,037	1%	1%
Lifetime / 5 Year	8	18,734	0%	0%
Lifetime / Lifetime	1,549	4,779,995	77%	79%
Total	2,019	6,020,274	100%	100%
Issue Age Cohort				
20-29	2	2,082	0%	0%
30-39	6	7,186	0%	0%
40-49	183	375,266	9%	6%
50-59	1,021	2,669,296	51%	44%
60-69	751	2,682,520	37%	45%
70-79	54	275,582	3%	5%
80-89	2	8,342	0%	0%
Total	2,019	6,020,274	100%	100%
Daily Benefit Cohort				
\$1-\$50	26	33,714	1%	1%
\$51-\$100	533	1,136,484	26%	19%
\$101-\$150	1,060	3,208,718	53%	53%
\$151-\$200	340	1,338,001	17%	22%
\$201-\$250	53	276,379	3%	5%
\$251-\$300	7	26,978	0%	0%
Total	2,019	6,020,274	100%	100%

Lincoln Benefit Life Company
Policy Form: LB-6301-P-VA, LB-6302-P-1-VA, LB-6303-P-1-VA
Policies Issued On or After October 1, 2003

Attachment I2
Virginia Policy and Premium Distribution

	Policies	Premium	% of Policies	% of Premium
Base				
Comprehensive	41	104,247	87%	91%
Nursing Home Only	4	7,371	9%	6%
HCBC Only	2	3,312	4%	3%
Total	47	114,930	100%	100%
COLA Options				
No COLA	2	2,450	4%	2%
Simple COLA	7	13,357	15%	12%
Compound COLA	38	99,124	81%	86%
Total	47	114,930	100%	100%
Nonforfeiture Options				
None	46	110,816	98%	96%
SBP	0	0	0%	0%
Full ROP & SBP	0	0	0%	0%
Limited ROP	1	4,114	2%	4%
Full ROP	0	0	0%	0%
Total	47	114,930	100%	100%
Joint/Single Life				
Joint	20	57,141	43%	50%
Single	27	57,789	57%	50%
Total	47	114,930	100%	100%
Billing Mode				
Annual	13	29,240	28%	25%
Semi-Annual	3	6,470	6%	6%
Quarterly	8	16,793	17%	15%
Monthly	23	62,427	49%	54%
Total	47	114,930	100%	100%
Elimination Period				
0 Day	7	17,386	15%	15%
30 Days	9	20,787	19%	18%
60 Days	0	0	0%	0%
90 Days	31	76,758	66%	67%
Total	47	114,930	100%	100%
Benefit Period (NH/HH)				
3 Year / 3 Year	7	11,356	15%	10%
5 Year / 3 Year	0	0	0%	0%
5 Year / 5 Year	3	6,207	6%	5%
Lifetime / 3 Year	1	2,905	2%	3%
Lifetime / 5 Year	1	1,190	2%	1%
Lifetime / Lifetime	35	93,272	74%	81%
Total	47	114,930	100%	100%
Issue Age Cohort				
20-29	0	0	0%	0%
30-39	0	0	0%	0%
40-49	3	4,669	6%	4%
50-59	24	54,571	51%	47%
60-69	19	54,607	40%	48%
70-79	1	1,083	2%	1%
80-89	0	0	0%	0%
Total	47	114,930	100%	100%
Daily Benefit Cohort				
\$1-\$50	2	1,946	4%	2%
\$51-\$100	16	33,962	34%	30%
\$101-\$150	27	67,440	57%	59%
\$151-\$200	1	5,062	2%	4%
\$201-\$250	1	6,521	2%	6%
\$251-\$300	0	0	0%	0%
Total	47	114,930	100%	100%

Lincoln Benefit Life Company
Demonstration that Lifetime Incurred Claims with Requested Rate Increases are
Not Less than Lifetime Earned Premium with Prescribed Factors
Policy Form: LB-6301, LB-6302, LB-6303
Policies Issued On or After October 1, 2003
Attachment J

1 Accumulated value of initial earned premium	82,961,660	×	58%	48,117,763
2a Accumulated value of earned premium	95,840,683			
2b Accumulated value of prior premium rate schedule increases (2a-1)	12,879,023	×	85%	10,947,169
3 Present value of future projected initial earned premium	47,524,122	×	58%	27,563,991
4a Present value of future projected premium	91,225,778			
4b Present value of future projected premium in excess of the projected initial earned premiums (4a-3)	43,701,656	×	85%	37,146,408
5 Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b				123,775,330
6a Accumulated value of incurred claims without the inclusion of active life reserves				10,933,623
6b Present value of future projected incurred claims without the inclusion of active life reserves				183,884,217
7 Lifetime Incurred Claims with Rate Increase: Sum 6a and 6b				194,817,840
				TRUE

Note: Present and accumulated values in the lifetime projections in Attachment J are determined at the maximum valuation interest rate of 4.5%

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number:	Lincoln Benefit Life Company (NAIC: 65595)
SERFF Tracking Number:	LFCR-130778152
Effective Date:	Upon Approval

Revised Rates

Average Annual Premium Per Member:	\$3,368
Average Requested Percentage Rate Change Per Member:	50%
Minimum Requested Percentage Rate Change Per Member:	50%
Maximum Requested Percentage Rate Change Per Member:	50%
Number of Policy Holders Affected :	47

Plans Affected

(The Form Number and “Product Name”)

Form#	“Product Name”(if applicable)
LB-6301-P-VA(Q) LB-6301-P-VA(NQ) LB-6302-P-VA(Q) LB-6302-P-VA(NQ) LB-6303-P-VA(Q) LB-6303-P-VA(NQ) LB-6301-R1 LB-6301-R2 LB-6301-R3 LB-6301-R4 LB-6301-R5(Q) LB-6301-R5(NQ) LB-6301-R6 LB-6301-R8-VA LB-6301-R9-VA LB-6301-R10-VA(Q) LB-6301-R10-VA(NQ)	Senior Linc

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company’s request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Lincoln Benefit Life Company

**Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA (NQ), LB-6302-P-VA(Q), LB-6302-P-VA (NQ),
LB-6303-P-VA(Q), LB-6303-P-VA (NQ)**

Summary of Key Information Used to Determine Rates

Lincoln Benefit Life Company is requesting the approval of a 50% rate increase on the base rates for lifetime pay policies.

Premiums were determined based on a number of assumptions, such as how long policyholders keep their policy in force and how frequently claims are filed. As part of the in-force management of the business, the Company and its reinsurers regularly conduct experience analysis on the policies. Recent studies indicate that individuals are living longer and fewer people are terminating their coverage. Therefore, more benefits will be paid than originally projected. As a result, premiums must be adjusted to provide sufficient funds to pay current and future claims.

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Lincoln Benefit Life Company

Title of Form Endorsement

Policy Form Number LB-E-BR-VA

I hereby certify that the Flesch reading ease score of the above policy form is 50.9. It contains 4 sentences, 49 words and 149 syllables. The type size of the text of the policy forms is 12 point type, 2 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Megan Signature of an Officer of the Insurer

Megan Curroe Name (Print)

AVP, Legal & Compliance Title

10/20/16 Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Lincoln Benefit Life Company

Title of Form Endorsement

Policy Form Number LB-E-CNF-VA

I hereby certify that the Flesch reading ease score of the above policy form is 50.9. It contains 7 sentences, 92 words and 155 syllables. The type size of the text of the policy forms is 12 point type, 2 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Megan Curroe Signature of an Officer of the Insurer

Megan Curroe Name (Print)

AVP, Legal & Compliance Title

10/20/16 Date


VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Lincoln Benefit Life Company
Title of Form Notice of Premium Rate Increase
Policy Form Number LB-6301-VA-CNF

I hereby certify that the Flesch reading ease score of the above policy form is 35.4. It contains 45 sentences, 1,096 words and 1,901 syllables. The type size of the text of the policy forms is 12 point type, 2 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

 Signature of an Officer of the Insurer
Megan Curre Name (Print)
Legal Compliance Title
5/17/19 Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer Lincoln Benefit Life Company
Title of Form Notice of Premium Rate Increase
Policy Form Number LB-6301-VA-NF

I hereby certify that the Flesch reading ease score of the above policy form is 36.6. It contains 43 sentences, 988 words and 1,716 syllables. The type size of the text of the policy forms is 12 point type, 2 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Megan Signature of an Officer of the Insurer
Megan Cunniff Name (Print)
Legal & Compliance Title
5/17/19 Date

LINCOLN BENEFIT LIFE

November 28, 2018

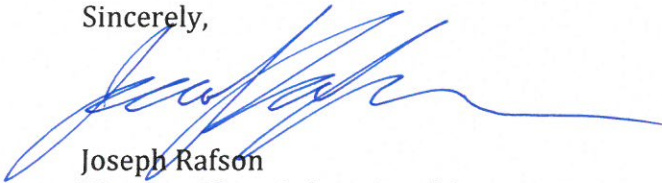
Jay R. Peters, FSA, MAAA
Executive Vice President and Chief Actuary
LifeCare Assurance Company
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367

Re: Lincoln Benefit Life Company
NAIC# 65595
FEIN# 47-0221457

Dear Mr. Peters,

This letter gives LifeCare Assurance Company the authorization to complete the 2016 rate filing for the LBL-6301 and LBL-7000 series Long Term Care products, as well as all associated forms and materials, for and on the name of Lincoln Benefit Life Company.

Sincerely,



Joseph Rafson
Vice President & Appointed Actuary
Lincoln Benefit Life Company

**Statement of Variability for Endorsement form LB-E-BR-VA for use with
LB-6301-P-VA(Q), LB-6302-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(NQ)**

Bracket #1 The Policy number will appear which varies by policyholder.

Bracket #2 The Effective date of the change will appear which varies by policyholder.

Bracket #3 The change/benefit reduction will appear which varies by policyholder. The variations are the following:

[The 0 Days Elimination Period has been changed to 30 Days.]

[The 0 Days Elimination Period has been changed to 90 Days.]

[The 30 Days Elimination Period has been changed to 90 Days.]

[The Daily Benefit Amount for Nursing Care has been reduced to \$XX.XX.]

[The Daily Benefit Amount for Home and Community Based Care has been reduced to \$XX.XX].

[The Lifetime Benefit Period for Nursing Care has been reduced to 5 Years.]

[The Lifetime Benefit Period for Nursing Care has been reduced to 3 Years.]

[The 5 Years Benefit Period for Nursing Care has been reduced to 3 Years.]

[The Lifetime Benefit Period for Home and Community Based Care has been reduced to 5 Years.]

[The Lifetime Benefit Period for Home and Community Based Care has been reduced to 3 Years.]

[The 5 Years Benefit Period for Home and Community Based Care has been reduced to 3 Years.]

[The Compound Benefit Increase Rider has been deleted from your policy.]

[The Compound Benefit Increase Rider has been changed to Simple Benefit Increase Rider.]

[The Simple Benefit Increase Rider has been deleted from your policy.]

[The Full Shortened Benefit Period Nonforfeiture Rider has been deleted from your policy.]

[The Limited Shortened Benefit Period Nonforfeiture Rider has been deleted from your policy.]

[The Shortened Benefit Period Rider has been deleted from your policy.]

[The Paid-Up Survivor Benefit Rider has been deleted from your policy.]

[The Waiver of Premium Benefit Rider has been deleted from your policy.]

[The Home and Community Based Care Indemnity Benefit Rider has been deleted from your policy.]

Statement of Variability for Endorsement form LB-E-BR-VA for use with LB-6303-P-VA(Q) & LB-6303-P-VA(NQ)

Bracket #1 The Policy number will appear which will vary by policyholder.

Bracket #2 The effective date of the change will appear which will vary by policyholder.

Bracket #3 The change/benefit reduction will appear which varies by policyholder. The variations are the following:

[The 0 Days Elimination Period has been changed to 30 Days.]

[The 0 Days Elimination Period has been changed to 90 Days.]

[The 30 Days Elimination Period has been changed to 90 Days.]

[The Maximum Daily Benefit Amount has been reduced to \$XX.XX.]

[The Lifetime Benefit Period has been reduced to 5 Years.]

[The Lifetime Benefit Period has been reduced to 3 Years.]

[The 5 Years Benefit Period has been reduced to 3 Years.]

[The Assisted Living Facility Facility Rider has been deleted from your policy.]

[The Compound Benefit Increase Rider has been deleted from your policy.]

[The Compound Benefit Increase Rider has been changed to Simple Benefit Increase Rider.]

[The Simple Benefit Increase Rider has been deleted from your policy.]

[The Full Shortened Benefit Period Nonforfeiture Rider has been deleted from your policy.]

[The Limited Shortened Benefit Period Nonforfeiture Rider has been deleted from your policy.]

[The Shortened Benefit Period Rider has been deleted from your policy.]

Statement of Variability for Endorsement form LB-E-CNF-VA for use with LB-6301-P-VA(Q), LB-6302-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(NQ), LB-6303-P-VA(Q) & LB-6303-P-VA(NQ)

Bracket #1 – The policy number will appear which will vary by policyholder.

Bracket #2 – The effective date of the change will appear which will vary by policyholder.

Bracket #3 – The contingent benefit upon lapse amount will appear which will vary by policyholder.

Notice of Premium Rate Increase (Form LB-6301-VA-CNF) Variations

Date, name and address:

[DATE] – Mailing date of the form

[OWNER NAME] – Policy owner's name

[ADDRESS] – Policy owner's address

Subject Line:

[POLICY NUMBER] – Policy number

First Paragraph:

[The premiums originally charged for your policy...] – This section is bracketed to allow for different reasons to be used for future rate increases, subject to be revised and resubmitted should different language be required.

Second Paragraph:

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

[modal] – The modal will be semi-annually, quarterly, monthly based on policyholder selection.

[XX%] – Increase percentage to be implemented.

[\$xxx.xx to \$yyy.yy] – The first number is the current premium amount. The second number is the new premium amount.

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

Third Paragraph:

[If you waived for Waiver of Premium...] – This paragraph is inserted for policyholders currently on waiver of premium.

Fifth Paragraph, First Bullet-Point:

[\$xxx.xx to \$yyy.yy] – The first number is the current daily maximum benefit. The second number is the new daily maximum benefit which will vary depending on policyholder selection.

[modal] – The modal will be semi-annually, quarterly, monthly based on policyholder selection.

[\$zzz.zz] – This is the new premium amount if option one of the "Coverage Change Request Form" is selected based on the reduced daily benefit amount.

Seventh Paragraph:

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

[Month XX, 20YY] – Same as above.

[Month XX, 20YY] – Same as above.

Coverage Change Request Form

Date, name and address:

[DATE] – Mailing date of the form

[OWNER NAME] – Policy owner's name

[ADDRESS] – Policy owner's address

Subject Line:

[POLICY NUMBER] – Policy number

Second Paragraph:

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

[Month XX, 20YY] – Same as above.

Fourth Paragraph, 1st Bullet-Point:

[\$xxx.xx to \$yyy.yy] – The first number is the current daily maximum benefit. The second number is the new daily maximum benefit which will vary depending on policyholder selection.

[modal] – The modal will be semi-annually, quarterly, monthly based on policyholder selection.

[\$zzz.zz] – This is the new premium amount if option one is selected based on the reduced daily benefit amount.

[Month XX, 20YY] – This date will vary based on policyholder's anniversary date.

Notice of Premium Rate Increase (Form LB-6301-VA-NF) Variations

Date, name and address:

[DATE] – Mailing date of the form

[OWNER NAME] – Policy owner's name

[ADDRESS] – Policy owner's address

Subject Line:

[POLICY NUMBER] – Policy number

First Paragraph:

[The premiums originally charged for your policy...] – This section is bracketed to allow for different reasons to be used for future rate increases, subject to be revised and resubmitted should different language be required.

Second Paragraph:

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

[modal] – The modal will be semi-annually, quarterly, monthly based on policyholder selection.

[XX%] – Increase percentage to be implemented.

[\$xxx.xx to \$yyy.yy] – The first number is the current premium amount. The second number is the new premium amount.

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

Third Paragraph:

[If you waived for Waiver of Premium...] – This paragraph is inserted for policyholders currently on waiver of premium.

Fifth Paragraph, First Bullet-Point:

[\$xxx.xx to \$yyy.yy] – The first number is the current daily maximum benefit. The second number is the new daily maximum benefit which will vary depending on policyholder selection.

[modal] – The modal will be semi-annually, quarterly, monthly based on policyholder selection.

[\$zzz.zz] – This is the new premium amount if option one of the "Coverage Change Request Form" is selected based on the reduced daily benefit amount.

Seventh Paragraph:

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

[Month XX, 20YY] – Same as above.

[Month XX, 20YY] – Same as above.

Coverage Change Request Form

Date, name and address:

[DATE] – Mailing date of the form

[OWNER NAME] – Policy owner's name

[ADDRESS] – Policy owner's address

Subject Line:

[POLICY NUMBER] – Policy number

Second Paragraph:

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

[Month XX, 20YY] – Same as above.

Fourth Paragraph, 1st Bullet-Point:

[\$xxx.xx to \$yyy.yy] – The first number is the current daily maximum benefit. The second number is the new daily maximum benefit which will vary depending on policyholder selection.

[modal] – The modal will be semi-annually, quarterly, monthly based on policyholder selection.

[\$zzz.zz] – This is the new premium amount if option one is selected based on the reduced daily benefit amount.

[Month XX, 20YY] – This date will vary based on policyholder's anniversary date.

Lincoln Benefit Life Company

Home Office: Lincoln, Nebraska

Long Term Care Administrative Office

Post Office Box 4243

Woodland Hills, CA 91365-4243

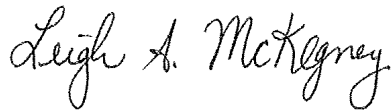
(888) 503-8110

ENDORSEMENT


This endorsement is attached to and made a part of Policy No. [] effective [].

Your election to decrease the benefits of your Long Term Care Policy due to the premium increase has been exercised. []. This change will not alter any other conditions, provisions or limitations under your Policy.

Executed for the Company at its Home Office in Lincoln, Nebraska on its Effective Date.



Leigh McKegney, Secretary



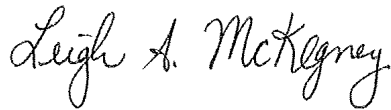
Keith Gubbay, President

Lincoln Benefit Life Company
Home Office: Lincoln, Nebraska
Long Term Care Administrative Office
Post Office Box 4243
Woodland Hills, CA 91365-4243
(888) 503-8110

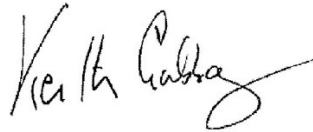
ENDORSEMENT

This endorsement is attached to and made a part of Policy No. [] effective [].
The Contingent Benefit Upon Lapse option of your Long Term Care Policy that was provided to you at the time of your premium increase has been exercised. No further premium is due. The Policy will continue under its current terms, but benefits payable will be limited to [\$]. No further increases will occur under any benefit increase rider, if attached to the Policy.

Executed for the Company at its Home Office in Lincoln, Nebraska on its Effective Date.



Leigh McKegney, Secretary



Keith Gubbay, President

Lincoln Benefit Life Insurance Company
 LB-6301-P-VA(Q) & LB-6301-P-VA(NQ) - Nursing Care Only
 Policies Issued Before October 1, 2003
 Rates and Factors Before Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	Nursing Care				Benefit Increase Factors								1-Pay with Non Forfeiture	Paid Up Survivor
	\$10 DB Annual Rates	Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Pre-enhanced		Enhanced							
					Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Simple	10 Pay Simple	10-Pay Factor	1-Pay Factor		
40	28.13	1.468	1.360	1.130	3.050	3.050	3.050	3.540	2.200	2.600	2.600	20.800	30.534	1.400
41	29.06	1.481	1.370	1.135	3.000	3.000	3.000	3.480	2.140	2.530	2.550	20.400	30.212	1.400
42	30.00	1.494	1.380	1.140	2.950	2.950	2.950	3.410	2.080	2.460	2.500	20.000	29.880	1.400
43	30.94	1.507	1.390	1.145	2.900	2.900	2.900	3.340	2.020	2.390	2.450	19.600	29.537	1.400
44	31.88	1.520	1.400	1.150	2.850	2.850	2.850	3.270	1.960	2.320	2.400	19.200	29.184	1.400
45	32.81	1.533	1.410	1.155	2.800	2.800	2.800	3.240	1.930	2.250	2.350	18.800	28.820	1.400
46	34.69	1.546	1.420	1.160	2.750	2.750	2.750	3.180	1.900	2.210	2.300	18.400	28.446	1.400
47	36.56	1.559	1.430	1.165	2.700	2.700	2.700	3.120	1.870	2.170	2.250	18.000	28.062	1.400
48	38.44	1.572	1.440	1.170	2.650	2.650	2.650	3.060	1.840	2.130	2.200	17.600	27.667	1.400
49	40.31	1.585	1.450	1.175	2.600	2.600	2.600	2.990	1.810	2.090	2.150	17.200	27.262	1.400
50	42.19	1.598	1.460	1.180	2.550	2.550	2.550	2.940	1.780	2.050	2.100	16.800	26.846	1.400
51	45.00	1.611	1.470	1.185	2.500	2.500	2.500	2.856	1.754	2.030	2.060	16.480	26.549	1.400
52	47.81	1.624	1.480	1.190	2.400	2.400	2.400	2.772	1.728	2.010	2.020	16.160	26.243	1.400
53	50.63	1.637	1.490	1.195	2.300	2.300	2.300	2.688	1.702	1.990	1.980	15.840	25.930	1.400
54	53.44	1.650	1.500	1.200	2.200	2.200	2.200	2.604	1.676	1.970	1.940	15.520	25.608	1.400
55	56.25	1.676	1.520	1.205	2.100	2.100	2.100	2.520	1.650	1.940	1.900	15.200	25.475	1.400
56	61.88	1.702	1.540	1.210	2.000	2.000	2.000	2.436	1.620	1.910	1.870	14.960	25.461	1.400
57	67.50	1.728	1.560	1.215	1.900	1.900	1.900	2.352	1.590	1.880	1.840	14.720	25.436	1.400
58	73.13	1.754	1.580	1.220	1.800	1.800	1.800	2.268	1.560	1.840	1.810	14.480	25.397	1.400
59	78.75	1.780	1.600	1.225	1.700	1.700	1.700	2.184	1.530	1.810	1.780	14.240	25.347	1.400
60	84.38	1.806	1.620	1.230	1.600	1.600	1.600	2.100	1.500	1.780	1.750	14.000	25.284	1.400
61	93.75	1.832	1.640	1.235	1.580	1.580	1.580	2.040	1.484	1.761	1.720	13.760	25.208	1.400
62	103.13	1.858	1.660	1.240	1.560	1.560	1.560	1.980	1.468	1.742	1.690	13.520	25.120	1.400
63	112.50	1.884	1.680	1.245	1.540	1.540	1.540	1.920	1.452	1.723	1.660	13.280	25.019	1.400
64	121.88	1.910	1.700	1.250	1.520	1.520	1.520	1.860	1.436	1.704	1.630	13.040	24.906	1.400
65	131.25	1.923	1.710	1.260	1.500	1.500	1.500	1.800	1.420	1.685	1.600	12.800	24.614	1.400
66	150.00	1.936	1.720	1.270	1.480	1.480	1.480	1.771	1.404	1.666	1.570	12.560	24.316	1.390
67	168.75	1.949	1.730	1.280	1.460	1.460	1.460	1.742	1.388	1.647	1.540	12.320	24.011	1.380
68	187.50	1.962	1.740	1.290	1.440	1.440	1.440	1.713	1.372	1.628	1.510	12.080	23.700	1.370
69	206.25	1.975	1.750	1.300	1.420	1.420	1.420	1.684	1.356	1.609	1.480	11.840	23.384	1.360
70	225.00	1.988	1.760	1.310	1.400	1.400	1.400	1.655	1.340	1.590	1.450	11.600	23.060	1.350
71	253.13	2.001	1.770	1.320	1.380	1.380	1.380	1.626	1.328	1.570	1.430	11.440	22.891	1.340
72	281.25	2.014	1.780	1.330	1.360	1.360	1.360	1.597	1.316	1.550	1.410	11.280	22.717	1.330
73	309.38	2.027	1.790	1.340	1.340	1.340	1.340	1.568	1.304	1.520	1.390	11.120	22.540	1.320
74	337.50	2.040	1.800	1.350	1.320	1.320	1.320	1.539	1.292	1.500	1.370	10.960	22.358	1.310
75	365.63	2.053	1.810	1.355	1.300	1.300	1.300	1.510	1.280	1.480	1.350	10.800	22.172	1.300
76	415.63	2.066	1.820	1.360	1.290	1.290	1.290	1.500	1.270	1.460	1.330	10.640	21.982	1.300
77	463.96	2.079	1.830	1.365	1.280	1.280	1.280	1.480	1.260	1.450	1.310	10.480	21.787	1.300
78	510.63	2.092	1.840	1.370	1.270	1.270	1.270	1.470	1.250	1.430	1.290	10.320	21.589	1.300
79	555.63	2.105	1.850	1.375	1.260	1.260	1.260	1.450	1.240	1.410	1.270	10.160	21.386	1.300
80	598.96	2.118	1.860	1.380	1.250	1.250	1.250	1.440	1.230	1.400	1.250	10.000	21.180	1.300
81	645.83	2.131	1.870	1.385	1.240	1.240	1.240	1.420	1.220	1.380	1.230	9.840	20.969	1.300
82	691.88	2.144	1.880	1.390	1.230	1.230	1.230	1.410	1.210	1.370	1.210	9.680	20.753	1.300
83	737.08	2.157	1.890	1.395	1.220	1.220	1.220	1.390	1.200	1.350	1.190	9.520	20.534	1.300
84	781.46	2.170	1.900	1.400	1.210	1.210	1.210	1.380	1.190	1.340	1.170	9.360	20.311	1.300

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode	
Preferred Nonsmoker	0.80	90-Day	1.00	Monthly	0.085
Preferred	1.00	30-Day	1.10	Quarterly	0.270
Standard	1.20	0-Day	1.20	Semi-Annual	0.520
				Annual	1.000
Joint Coverage Risk Class *		Benefit Period		Endorsed Group Discount	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70	Ages 40-64	0.85
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90	Ages 65-84	0.90
2 Preferreds	1.00				
1 Preferred Nonsmoker / 1 Standard	1.00				
1 Preferred / 1 Standard	1.10				
2 Standards	1.20				

* Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6302-P-VA(Q) & LB-6302-P-VA(NQ) - Comprehensive LTC
 Policies Issued Before October 1, 2003
 Rates and Factors Before Increase
 Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	Comprehensive LTC		Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Benefit Increase Factors						10-Pay Factor	1-Pay Factor	1-Pay with Non Forfeiture	Paid Up Survivor
	Per \$10 NC + \$10 HCBC Daily Benefit	Per \$10 NC + \$5 HCBC Daily Benefit				Pre-enhanced		Enhanced							
						Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Compound	10 Pay Compound	Lifetime Pay Simple	10 Pay Simple				
40	42.19	35.16	1.468	1.360	1.130	3.050	3.050	3.050	3.540	2.200	2.600	2.600	20.800	30.534	1.400
41	43.60	36.33	1.481	1.370	1.135	3.000	3.000	3.000	3.480	2.140	2.530	2.550	20.400	30.212	1.400
42	45.00	37.50	1.494	1.380	1.140	2.950	2.950	2.950	3.410	2.080	2.460	2.500	20.000	29.880	1.400
43	46.41	38.68	1.507	1.390	1.145	2.900	2.900	2.900	3.340	2.020	2.390	2.450	19.600	29.537	1.400
44	47.81	39.85	1.520	1.400	1.150	2.850	2.850	2.850	3.270	1.960	2.320	2.400	19.200	29.184	1.400
45	49.23	41.01	1.533	1.410	1.155	2.800	2.800	2.800	3.240	1.930	2.250	2.350	18.800	28.820	1.400
46	52.04	43.36	1.546	1.420	1.160	2.750	2.750	2.750	3.180	1.900	2.210	2.300	18.400	28.446	1.400
47	54.85	45.70	1.559	1.430	1.165	2.700	2.700	2.700	3.120	1.870	2.170	2.250	18.000	28.062	1.400
48	57.66	48.05	1.572	1.440	1.170	2.650	2.650	2.650	3.060	1.840	2.130	2.200	17.600	27.667	1.400
49	60.48	50.39	1.585	1.450	1.175	2.600	2.600	2.600	2.990	1.810	2.090	2.150	17.200	27.262	1.400
50	63.29	52.74	1.598	1.460	1.180	2.550	2.550	2.550	2.940	1.780	2.050	2.100	16.800	26.846	1.400
51	67.50	56.25	1.611	1.470	1.185	2.500	2.500	2.500	2.856	1.754	2.030	2.060	16.480	26.549	1.400
52	71.73	59.76	1.624	1.480	1.190	2.400	2.400	2.400	2.772	1.728	2.010	2.020	16.160	26.243	1.400
53	75.94	63.29	1.637	1.490	1.195	2.300	2.300	2.300	2.688	1.702	1.990	1.980	15.840	25.930	1.400
54	80.16	66.80	1.650	1.500	1.200	2.200	2.200	2.200	2.604	1.676	1.970	1.940	15.520	25.608	1.400
55	84.38	70.31	1.676	1.520	1.205	2.100	2.100	2.100	2.520	1.650	1.940	1.900	15.200	25.475	1.400
56	92.81	77.35	1.702	1.540	1.210	2.000	2.000	2.000	2.436	1.620	1.910	1.870	14.960	25.461	1.400
57	101.25	84.38	1.728	1.560	1.215	1.900	1.900	1.900	2.352	1.590	1.880	1.840	14.720	25.436	1.400
58	109.69	91.41	1.754	1.580	1.220	1.800	1.800	1.800	2.268	1.560	1.840	1.810	14.480	25.397	1.400
59	118.13	98.44	1.780	1.600	1.225	1.700	1.700	1.700	2.184	1.530	1.810	1.780	14.240	25.347	1.400
60	126.56	105.48	1.806	1.620	1.230	1.600	1.600	1.600	2.100	1.500	1.780	1.750	14.000	25.284	1.400
61	140.63	117.19	1.832	1.640	1.235	1.580	1.580	1.580	2.040	1.484	1.761	1.720	13.760	25.208	1.400
62	154.69	128.91	1.858	1.660	1.240	1.560	1.560	1.560	1.980	1.468	1.742	1.690	13.520	25.120	1.400
63	168.75	140.63	1.884	1.680	1.245	1.540	1.540	1.540	1.920	1.452	1.723	1.660	13.280	25.019	1.400
64	182.81	152.35	1.910	1.700	1.250	1.520	1.520	1.520	1.860	1.436	1.704	1.630	13.040	24.906	1.400
65	196.88	164.06	1.923	1.710	1.260	1.500	1.500	1.500	1.800	1.420	1.685	1.600	12.800	24.614	1.400
66	225.00	187.50	1.936	1.720	1.270	1.480	1.480	1.480	1.771	1.404	1.666	1.570	12.560	24.316	1.390
67	253.13	210.94	1.949	1.730	1.280	1.460	1.460	1.460	1.742	1.388	1.647	1.540	12.320	24.011	1.380
68	281.25	234.38	1.962	1.740	1.290	1.440	1.440	1.440	1.713	1.372	1.628	1.510	12.080	23.700	1.370
69	309.38	257.81	1.975	1.750	1.300	1.420	1.420	1.420	1.684	1.356	1.609	1.480	11.840	23.384	1.360
70	337.50	281.25	1.988	1.760	1.310	1.400	1.400	1.400	1.655	1.340	1.590	1.450	11.600	23.060	1.350
71	379.69	316.41	2.001	1.770	1.320	1.380	1.380	1.380	1.626	1.328	1.570	1.430	11.440	22.891	1.340
72	421.88	351.56	2.014	1.780	1.330	1.360	1.360	1.360	1.597	1.316	1.550	1.410	11.280	22.717	1.330
73	464.06	386.73	2.027	1.790	1.340	1.340	1.340	1.340	1.568	1.304	1.520	1.390	11.120	22.540	1.320
74	506.25	421.88	2.040	1.800	1.350	1.320	1.320	1.320	1.539	1.292	1.500	1.370	10.960	22.358	1.310
75	548.44	457.04	2.053	1.810	1.355	1.300	1.300	1.300	1.510	1.280	1.480	1.350	10.800	22.172	1.300
76	623.44	519.54	2.066	1.820	1.360	1.290	1.290	1.290	1.500	1.270	1.460	1.330	10.640	21.982	1.300
77	695.94	579.96	2.079	1.830	1.365	1.280	1.280	1.280	1.480	1.260	1.450	1.310	10.480	21.787	1.300
78	765.94	638.29	2.092	1.840	1.370	1.270	1.270	1.270	1.470	1.250	1.430	1.290	10.320	21.589	1.300
79	833.44	694.54	2.105	1.850	1.375	1.260	1.260	1.260	1.450	1.240	1.410	1.270	10.160	21.386	1.300
80	898.44	748.71	2.118	1.860	1.380	1.250	1.250	1.250	1.440	1.230	1.400	1.250	10.000	21.180	1.300
81	968.75	807.30	2.131	1.870	1.385	1.240	1.240	1.240	1.420	1.220	1.380	1.230	9.840	20.969	1.300
82	1,037.82	864.86	2.144	1.880	1.390	1.230	1.230	1.230	1.410	1.210	1.370	1.210	9.680	20.753	1.300
83	1,105.63	921.36	2.157	1.890	1.395	1.220	1.220	1.220	1.390	1.200	1.350	1.190	9.520	20.534	1.300
84	1,172.19	976.83	2.170	1.900	1.400	1.210	1.210	1.210	1.380	1.190	1.340	1.170	9.360	20.311	1.300

Issue Age Independent Factors

Risk Classes		Elimination Period		Payment Mode	
Preferred Nonsmoker	0.80	90-Day	1.00	Monthly	0.085
Preferred	1.00	30-Day	1.10	Quarterly	0.270
Standard	1.20	0-Day	1.20	Semi-Annual	0.520
Joint Coverage Risk Class *		Benefit Period		Endorsed Group Discount	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70	Ages 40-64	0.85
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90	Ages 65-84	0.90
2 Preferreds	1.00				
1 Preferred Nonsmoker / 1 Standard	1.00				
1 Preferred / 1 Standard	1.10				
2 Standards	1.20				

* Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
LB-6303-P-VA(Q) & LB-6303-P-VA(NQ) - HCBC Only
Policies Issued Before October 1, 2003
Rates and Factors Before Increase

Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 0-Day Elimination Period

Issue Age	HCBC \$10 DB Annual Rates *	Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Benefit Increase Factors		
					Pre-Enhanced Compound	Enhanced Compound	Simple
40	23.91	1.468	1.360	1.130	3.050	3.050	2.200
41	24.70	1.481	1.370	1.135	3.000	3.000	2.140
42	25.50	1.494	1.380	1.140	2.950	2.950	2.080
43	26.30	1.507	1.390	1.145	2.900	2.900	2.020
44	27.10	1.520	1.400	1.150	2.850	2.850	1.960
45	27.89	1.533	1.410	1.155	2.800	2.800	1.930
46	29.49	1.546	1.420	1.160	2.750	2.750	1.900
47	31.08	1.559	1.430	1.165	2.700	2.700	1.870
48	32.67	1.572	1.440	1.170	2.650	2.650	1.840
49	34.26	1.585	1.450	1.175	2.600	2.600	1.810
50	35.86	1.598	1.460	1.180	2.550	2.550	1.780
51	38.25	1.611	1.470	1.185	2.500	2.500	1.754
52	40.64	1.624	1.480	1.190	2.400	2.400	1.728
53	43.04	1.637	1.490	1.195	2.300	2.300	1.702
54	45.43	1.650	1.500	1.200	2.200	2.200	1.676
55	47.81	1.676	1.520	1.205	2.100	2.100	1.650
56	52.60	1.702	1.540	1.210	2.000	2.000	1.620
57	57.38	1.728	1.560	1.215	1.900	1.900	1.590
58	62.16	1.754	1.580	1.220	1.800	1.800	1.560
59	66.94	1.780	1.600	1.225	1.700	1.700	1.530
60	71.73	1.806	1.620	1.230	1.600	1.600	1.500
61	79.69	1.832	1.640	1.235	1.580	1.580	1.484
62	87.66	1.858	1.660	1.240	1.560	1.560	1.468
63	95.63	1.884	1.680	1.245	1.540	1.540	1.452
64	103.60	1.910	1.700	1.250	1.520	1.520	1.436
65	111.56	1.923	1.710	1.260	1.500	1.500	1.420
66	127.50	1.936	1.720	1.270	1.480	1.480	1.404
67	143.44	1.949	1.730	1.280	1.460	1.460	1.388
68	159.38	1.962	1.740	1.290	1.440	1.440	1.372
69	175.31	1.975	1.750	1.300	1.420	1.420	1.356
70	191.25	1.988	1.760	1.310	1.400	1.400	1.340
71	215.16	2.001	1.770	1.320	1.380	1.380	1.328
72	239.06	2.014	1.780	1.330	1.360	1.360	1.316
73	262.98	2.027	1.790	1.340	1.340	1.340	1.304
74	286.88	2.040	1.800	1.350	1.320	1.320	1.292
75	310.79	2.053	1.810	1.355	1.300	1.300	1.280
76	353.29	2.066	1.820	1.360	1.290	1.290	1.270
77	394.37	2.079	1.830	1.365	1.280	1.280	1.260
78	434.04	2.092	1.840	1.370	1.270	1.270	1.250
79	472.29	2.105	1.850	1.375	1.260	1.260	1.240
80	509.12	2.118	1.860	1.380	1.250	1.250	1.230
81	548.96	2.131	1.870	1.385	1.240	1.240	1.220
82	588.10	2.144	1.880	1.390	1.230	1.230	1.210
83	626.53	2.157	1.890	1.395	1.220	1.220	1.200
84	664.25	2.170	1.900	1.400	1.210	1.210	1.190

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6303-P-VA(Q) & LB-6303-P-VA(NQ) - HCBC Only
 Policies Issued Before October 1, 2003
 Rates and Factors Before Increase

Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 30-Day Elimination Period

Issue Age	HCBC \$10 DB Annual Rates *				Benefit Increase Factors		
		Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Pre-Enhanced Compound	Enhanced Compound	Simple
40	21.92	1.468	1.360	1.130	3.050	3.050	2.200
41	22.64	1.481	1.370	1.135	3.000	3.000	2.140
42	23.38	1.494	1.380	1.140	2.950	2.950	2.080
43	24.11	1.507	1.390	1.145	2.900	2.900	2.020
44	24.84	1.520	1.400	1.150	2.850	2.850	1.960
45	25.56	1.533	1.410	1.155	2.800	2.800	1.930
46	27.03	1.546	1.420	1.160	2.750	2.750	1.900
47	28.49	1.559	1.430	1.165	2.700	2.700	1.870
48	29.95	1.572	1.440	1.170	2.650	2.650	1.840
49	31.41	1.585	1.450	1.175	2.600	2.600	1.810
50	32.87	1.598	1.460	1.180	2.550	2.550	1.780
51	35.06	1.611	1.470	1.185	2.500	2.500	1.754
52	37.25	1.624	1.480	1.190	2.400	2.400	1.728
53	39.45	1.637	1.490	1.195	2.300	2.300	1.702
54	41.64	1.650	1.500	1.200	2.200	2.200	1.676
55	43.83	1.676	1.520	1.205	2.100	2.100	1.650
56	48.22	1.702	1.540	1.210	2.000	2.000	1.620
57	52.59	1.728	1.560	1.215	1.900	1.900	1.590
58	56.98	1.754	1.580	1.220	1.800	1.800	1.560
59	61.36	1.780	1.600	1.225	1.700	1.700	1.530
60	65.75	1.806	1.620	1.230	1.600	1.600	1.500
61	73.05	1.832	1.640	1.235	1.580	1.580	1.484
62	80.36	1.858	1.660	1.240	1.560	1.560	1.468
63	87.66	1.884	1.680	1.245	1.540	1.540	1.452
64	94.97	1.910	1.700	1.250	1.520	1.520	1.436
65	102.27	1.923	1.710	1.260	1.500	1.500	1.420
66	116.88	1.936	1.720	1.270	1.480	1.480	1.404
67	131.48	1.949	1.730	1.280	1.460	1.460	1.388
68	146.09	1.962	1.740	1.290	1.440	1.440	1.372
69	160.70	1.975	1.750	1.300	1.420	1.420	1.356
70	175.31	1.988	1.760	1.310	1.400	1.400	1.340
71	197.23	2.001	1.770	1.320	1.380	1.380	1.328
72	219.14	2.014	1.780	1.330	1.360	1.360	1.316
73	241.06	2.027	1.790	1.340	1.340	1.340	1.304
74	262.97	2.040	1.800	1.350	1.320	1.320	1.292
75	284.89	2.053	1.810	1.355	1.300	1.300	1.280
76	323.85	2.066	1.820	1.360	1.290	1.290	1.270
77	361.51	2.079	1.830	1.365	1.280	1.280	1.260
78	397.87	2.092	1.840	1.370	1.270	1.270	1.250
79	432.93	2.105	1.850	1.375	1.260	1.260	1.240
80	466.70	2.118	1.860	1.380	1.250	1.250	1.230
81	503.22	2.131	1.870	1.385	1.240	1.240	1.220
82	539.09	2.144	1.880	1.390	1.230	1.230	1.210
83	574.32	2.157	1.890	1.395	1.220	1.220	1.200
84	608.90	2.170	1.900	1.400	1.210	1.210	1.190

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor

Lincoln Benefit Life Insurance Company
 LB-6303-P-VA(Q) & LB-6303-P-VA(NQ) - HCBC Only
 Policies Issued Before October 1, 2003
 Rates and Factors Before Increase

Individual Coverage / Preferred Risk Class / Lifetime Benefit Period / 90-Day Elimination Period

Issue Age	HCBC \$10 DB Annual Rates *				Benefit Increase Factors		
		Full Non Forfeiture	Limited Non Forfeiture	Shortened Benefit Period	Pre-Enhanced Compound	Enhanced Compound	Simple
40	19.93	1.468	1.360	1.130	3.050	3.050	2.200
41	20.58	1.481	1.370	1.135	3.000	3.000	2.140
42	21.25	1.494	1.380	1.140	2.950	2.950	2.080
43	21.92	1.507	1.390	1.145	2.900	2.900	2.020
44	22.58	1.520	1.400	1.150	2.850	2.850	1.960
45	23.24	1.533	1.410	1.155	2.800	2.800	1.930
46	24.57	1.546	1.420	1.160	2.750	2.750	1.900
47	25.90	1.559	1.430	1.165	2.700	2.700	1.870
48	27.23	1.572	1.440	1.170	2.650	2.650	1.840
49	28.55	1.585	1.450	1.175	2.600	2.600	1.810
50	29.89	1.598	1.460	1.180	2.550	2.550	1.780
51	31.88	1.611	1.470	1.185	2.500	2.500	1.754
52	33.86	1.624	1.480	1.190	2.400	2.400	1.728
53	35.86	1.637	1.490	1.195	2.300	2.300	1.702
54	37.85	1.650	1.500	1.200	2.200	2.200	1.676
55	39.84	1.676	1.520	1.205	2.100	2.100	1.650
56	43.83	1.702	1.540	1.210	2.000	2.000	1.620
57	47.81	1.728	1.560	1.215	1.900	1.900	1.590
58	51.80	1.754	1.580	1.220	1.800	1.800	1.560
59	55.78	1.780	1.600	1.225	1.700	1.700	1.530
60	59.77	1.806	1.620	1.230	1.600	1.600	1.500
61	66.41	1.832	1.640	1.235	1.580	1.580	1.484
62	73.05	1.858	1.660	1.240	1.560	1.560	1.468
63	79.69	1.884	1.680	1.245	1.540	1.540	1.452
64	86.33	1.910	1.700	1.250	1.520	1.520	1.436
65	92.97	1.923	1.710	1.260	1.500	1.500	1.420
66	106.25	1.936	1.720	1.270	1.480	1.480	1.404
67	119.53	1.949	1.730	1.280	1.460	1.460	1.388
68	132.81	1.962	1.740	1.290	1.440	1.440	1.372
69	146.09	1.975	1.750	1.300	1.420	1.420	1.356
70	159.38	1.988	1.760	1.310	1.400	1.400	1.340
71	179.30	2.001	1.770	1.320	1.380	1.380	1.328
72	199.22	2.014	1.780	1.330	1.360	1.360	1.316
73	219.15	2.027	1.790	1.340	1.340	1.340	1.304
74	239.06	2.040	1.800	1.350	1.320	1.320	1.292
75	258.99	2.053	1.810	1.355	1.300	1.300	1.280
76	294.41	2.066	1.820	1.360	1.290	1.290	1.270
77	328.65	2.079	1.830	1.365	1.280	1.280	1.260
78	361.70	2.092	1.840	1.370	1.270	1.270	1.250
79	393.58	2.105	1.850	1.375	1.260	1.260	1.240
80	424.27	2.118	1.860	1.380	1.250	1.250	1.230
81	457.47	2.131	1.870	1.385	1.240	1.240	1.220
82	490.09	2.144	1.880	1.390	1.230	1.230	1.210
83	522.11	2.157	1.890	1.395	1.220	1.220	1.200
84	553.54	2.170	1.900	1.400	1.210	1.210	1.190

Issue Age Independent Factors

Risk Classes		Payment Mode	
Preferred Nonsmoker	0.80	Monthly	0.085
Preferred	1.00	Quarterly	0.270
Standard	1.20	Semi-Annual	0.520
		Annual	1.000
Joint Coverage Risk Class **		Benefit Period	
2 Preferred Nonsmokers	0.80	3-Yr Benefit Period	0.70
1 Preferred Nonsmoker / 1 Preferred	0.90	5-Yr Benefit Period	0.90
2 Preferreds	1.00	Endorsed Group Discount	
1 Preferred Nonsmoker / 1 Standard	1.00	Ages 40-64	0.85
1 Preferred / 1 Standard	1.10	Ages 65-84	0.90
2 Standards	1.20		

* HCBC with Assisted Living Facility Benefit Rider, multiply base rates by 1.20

** Premiums for various joint combinations are calculated as 150% of the base policy premium of the older insured, times the Joint Coverage Risk Class factor



October 16, 2017

Toni Janoski
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Lincoln Benefit Life Company (NAIC No: 65595)
Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)
SERFF Tracking Number: LFCR-130778344

Dear Ms. Janoski:

Thank you for reviewing our filing. This is a response to your letter dated November 10, 2016 for the above referenced filing.

Objection 1: We have the following concerns with the Rate/Rule Schedule:

- a. **Please list each affected form number separately and exactly as the form was approved. For example, LB-6301-P-VA(Q) and LB-6301-P-VA(NQ) should each be listed.**

The form numbers have been listed separately and exactly as they were approved.

- b. **The Actuarial Memorandum indicates that riders will be affected by the rate increase. Please include those form numbers (exactly as approved) to the Affected Form Number Column. The Actuarial Memorandum and the Rate Request Summary should also be amended accordingly.**

Riders will not be affected by the rate increase. Only the base rates are affected. Please refer to Section 2 of the Actuarial Memorandum.

- c. **Please change the rate action to "revised". Please include the prior state tracking number of the previously approved rate filing and indicate the requested rate increase to be 25%.**

The rate action has been changed to "revised". The prior state tracking number of the previously approved rate filing has been included.

- d. **The Overall Percentage Indicated Change should reflect what the increase would be needed in order to meet to certify that no further rate increase would be requested in the future pursuant to 14VAC5-200-153 B 2. Please update accordingly.**

The Overall Percentage Indicated Change has been updated to 230%, which is the increase needed in order to meet to certify that no further rate increase would be requested in the future pursuant to 14VAC5-200-153 B 2.

- e. **Since the prior rates have been previously been approved, please move the current rates from the rate attachment to Supporting Documentation. Only those rates subject to approval should be attached on the rate/rule schedule.**

The current rates have been filed under the Supporting Documentation tab.

- f. **The Actuarial Memorandum indicates this rate increase is applicable only to lifetime pay policies only. The rate schedule attachment, however, should include the premium rates for all policies, including limited pay contracts, which are applicable to these policy forms.**

The rate schedule attachment has been revised to include the premium rates for limited pay contracts.

Objection 2: We acknowledge receipt of forms LB-E-BR-VA and LB-E-NF-VA; however, the forms are duplicates of ones previously submitted under SERFF Tracking Number LFCR-130038440. 14 VAC 5-100-40 1 provides that each form submitted must have a number which may consist of digits, letters or a combination of both. The number must distinguish the form from all other forms used by the insurer. We may not consider the same form number under more than one filing. As such, the forms should be withdrawn from this filing and attached as supporting documentation.

Forms LB-E-BR-VA and LB-E-NF-VA have been withdrawn and attached as supporting documentation.

Objection 3: We have the following concerns with the Actuarial Memorandum:

- a. **For post-stability policies, all present and accumulated values should be used to determine rate increases shall use the maximum valuation interest rate for contract reserves as specified in Section 38.2-1371 of the Code of Virginia as set forth in 14VAC5-200-153-C 4.**

Please see worksheets 3a.1 and 3a.2 in the attached file *LB-6301 VA Response Attachment (RS)* which use the discount rate of 4.5%, the maximum interest rate for contract reserves.

- 3a.1 -- Nationwide Experience Projection Based on Best Estimate Assumptions
- 3a.2 -- Virginia Experience Projection Based on Best Estimate Assumptions

- b. **According to the filing, limited-pay contracts will not be affected by the rate schedule change. The memorandum states the experience is for lifetime-pay policies only. Please revise the experience and projections to include all post stability contracts when demonstrating these policy forms are compliant with loss ratio standards as set forth in 14 VAC 5-200-153 C 2 which states: premium rate increases will be determined based on the sum of the accumulated value of incurred claims and present value of future projected incurred claims (without inclusion of active life reserves) will not be less than the sum of the following: 1. the accumulated value of the initial earned premium times 58%; 2) 85% of the accumulated value of prior premium rate schedule increases on an earned basis; 3) present value of future projected initial earned premium times 58%; and 4) 85% of the present value of future projected premiums not included in subsection c of this subsection on an earned basis.**

Please see worksheet 3b.1 in the attached file *LB-6301 VA Response Attachment (RS)* for the experience and projections for all pay types; and worksheet 3b.2 for a demonstration that the policy forms are compliant with loss ratio standards as set forth in 14VAC5200-150B.

- c. **Please provide an exhibit illustrating an actual to expected analysis based on the original assumptions.**

Please see worksheet 3c in the attached file *LB-6301 VA Response Attachment (RS)* for the actual to expected analysis based on original assumptions for lapse and mortality.



d. Re-state the nationwide experience using Virginia approved rates.

Please see worksheet 3d in the attached file *LB-6301 VA Response Attachment (RS)* for the nationwide experience restated using Virginia approved rates.

e. Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged since the forms' introduction.

Please see worksheet 3e in the attached file *LB-6301 VA Response Attachment (RS)* which shows the historical premium component restated using the proposed rates.

f. Please provide sufficient detail or documentation so that any projections can be recreated. Please provide excel spreadsheets, if possible.

Please see attached file *LB-6301 VA Response Attachment (RS)* for the requested Excel spreadsheets.

g. Please advise in what states the company has requested rate increases on this block, how the rate changes requested in Virginia compare with those requested in other states, and the current status of the reviews in other states.

Please see worksheet 3g in the attached file *LB-6301 VA Response Attachment (RS)* for the rate increase status in other states.

h. Please provide a loss ratio projection reflecting the actual historical experience during the historical experience period and then, utilizing the actual in force as of the projection date, projecting forward the expected earned premiums and incurred claims using the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale with no increases.

Please see worksheet 3h in the attached file *LB-6301 VA Response Attachment (RS)*.

i. Please provide a loss ratio projection (both past and future) which reflects all of the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix of business.

Please see worksheet 3i in the attached file *LB-6301 VA Response Attachment (RS)*.

j. Please provide the original targeted pricing loss ratio when the policy was originally approved; and if applicable, if the current projected loss ratio is less than originally anticipated.

Please see table below for the original targeted pricing loss ratio for each form. The current projected loss ratio for each form is higher than originally anticipated.

Form	Original Pricing Loss Ratio
LB-6301-P-VA(Q), LB-6301-P-VA(NQ)	69.9%
LB-6302-P-VA(Q), LB-6302-P-VA (NQ)	68.2%
LB-6303-P-VA(Q), LB-6303-P-VA(NQ)	68.5%

- k. **Please revise the certification language for compliance with 14VAC5-200-153 B 2 whereby the Company certifies that if the rate increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rates increases are anticipated. Is the Company asking for an increase that would be less than necessary for certification? If so, is it the company's intention that if the experience develops as projected that no further rate increases will be requested? If not, what loss ratio does the company intend to target for these forms in the future?**

We are unable to certify as requested, since the Company is asking for an increase that would be less than necessary for certification. It is not the Company's intention that no further rate increases will be requested if the experience develops as projected. Further rate increases may be requested in order to bring the loss ratio down to the range of 85-95%, which the Company intends to target for these forms in the future.

Objection 4: The Rate Request Summary will be available on the Bureau of Insurance website for consumers. Its purpose is to explain in consumer friendly language what has driven the need for a rate increase request. The narrative as written explains that experience has been unfavorable but it is uncertain a policyholder or consumer would understand why maintaining a reasonable lifetime loss ratio translates to a rate increase. To resolve our concern, the Company should include wording similar how the rate increase is explained in the policyholder notification letter.

The narrative in the Rate Request Summary has been revised to include wording from the policyholder notification letter.

Objection 5: The filing has included three Policyholder notification letters in Supporting Documentation. Pursuant to 14VAC5200-75 D, these letters must be "filed" for approval. For compliance with this regulation, please move the LB-6301 VA Customer Notice CBUL and the LB-6301 VA Customer Notice NF letters to the Form Schedule. Before doing so, however, please review the policyholder letters that are currently under review under SERFF tracking # LFCR130038440. Those letters have already been through a thorough review and are near completion. They could be used to avoid repeating the review process with this filing.

The policyholder notification letters have been revised according to the guidelines provided by the state for filing #LFCR130038440. Please see attached files:

- *LB-6301 VA Customer Notice CBUL & LB-6301 VA Coverage Change CBUL* (for policyholders without nonforfeiture rider)
- *LB-6301 VA Customer Notice NF & LB-6301 VA Coverage Change NF* (for policyholders with nonforfeiture rider)
- Customer Notice SOV (statement of variations for the customer notices and coverage change forms)

Objection 6: Due to the size of the rate increase, is the Company willing to implement this as a series of increases? If the company is agreeable to this, what implementation schedule would be offered? Such a change would require the Actuarial Memorandum be amended, rate schedules provided for each period, and the policyholder letter updated accordingly to accommodate information for each period.

While it is our intention to request a lump-sum 50% rate increase, we have accepted offers from other states to phase in rate increases and/or offer a guarantee period. If Virginia would like us to phase in the rate increase and/or offer a guarantee period, please advise us on how the State would like the rate increase to be implemented. We will revise the filing materials accordingly.

Sincerely,



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December 1, 2017

Janet Houser
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Lincoln Benefit Life Company (NAIC No: 65595)
Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)
SERFF Tracking Number: LFCR-130778344

Dear Ms. Houser:

Thank you for reviewing our filing. This is a response to your letter dated November 15, 2017 for the above referenced filing.

Objection 1: Through an error on our part, we indicated the percent rate change request on the Rate/Rule Schedule should be listed as 25% under the Rate Action Information column. This should actually be 50% which is the requested increase in this submission. We apologize for any inconvenience of confusion this may have caused.

The percent rate change request on the Rate/Rule Schedule has been listed as 50% under the Rate Action Information column.

Objection 2: Please attach LB-6301-VA-NF and LB-6301-VA- CNF to the Form Schedule for review. The Company provided a third letter, Form LB-6301 VA Customer Notice WOP, which is not needed as the issue regarding waiver of premium is addressed in each of the other letters, agreed?

The Company has indicated it may be willing to implement as a series of increases; and if this should occur, the letters would need to be amended accordingly. Before making such changes, the Company may wish to wait until we are closer to finalizing the filing and the percentage of the increase.

Please advise if the Coverage Change forms are attached and made a part of the policy. If not, those forms may remain in Supporting Documentation; otherwise, those forms will need to be attached to the Form Schedule in SERFF for review and approval.

The following policyholder letters and statement of variations have been moved to the Form Schedule for review:

- *LB-6301 VA Customer Notice CBUL* (for policyholders without nonforfeiture rider)
- *LB-6301 VA Customer Notice NF* (for policyholders with nonforfeiture rider)
- *Customer Notice SOV* (statement of variations for the customer notices)

The Company agrees that *Form LB-6301 VA Customer Notice WOP* is not needed as the issue regarding waiver of premium is addressed in each of the other letters.

The Coverage Change forms are not made a part of the policy and are kept in Supporting Documentation.

Objection 3: After review of the additional information provided, please respond to the following:

1. For purposes of the test required by 14VAC5-200-150.B.:

- a. All nationwide projections used in this test should use the premiums restated to the Virginia rate level.**
- b. The Bureau requires that projections utilize the original pricing loss ratio (calculated at the same interest rate used in the testing) if higher than the stipulated 58% or 85%.**
- c. The projection after the increase should not include shock lapses or benefit reductions.**
- d. Please also provide all supporting projections for the numbers used in this demonstration.**

Please see Attachment 3.1 in the attached file *LB-6301 VA Response Attachment (RS) 12 01 17* for a demonstration that the policy forms are compliant with loss ratio standards as set forth in 14VAC5-200-150B.

- Premiums have been restated to the Virginia rate level
- Shock lapses and benefit reductions have been removed from the projection with the increase (see Attachment 3.1a).
- The original pricing lifetime loss ratio was restated as 94% using the same interest rate 4.5% in the testing (see Attachment 3.1b).

2. It seems logical that an assumption for shock lapse and benefit reduction related to a rate increase should have a factor recognizing the magnitude of the rate increase. Comparing this assumption in several filings made by the company, it does not appear that the assumptions being used contain any such adjustment. Please explain.

The shock lapse and benefit reduction assumptions are based on the analysis of the reinsurer's combined experience from the rate increase implementations of similarly underwritten and administered long term care products. We do not have credible data to derive these assumptions for individual plans where increases range from 20% to 50%.

Moreover, we think that rate increases on long-term care policies may induce some policyholders to seek a reduction in benefits or to lapse their policy. Similarly, policyholders who accept the rate increase and remain inforce or retain their full benefits may exhibit some morbidity anti-selection, understanding that they may need the long-term care benefits in the future. All else equal, additional lapses or benefit reductions on a long-term care block of policies is financially favorable to the company, while anti-selection is unfavorable to the company.

Even without the shock lapse and benefit reduction assumptions, as demonstrated in Attachment 3.1a for Objection 3.1c above, the policy forms are shown to be compliant with loss ratio standards as set forth in 14VAC5-200-150B.

3. Please expand Attachment 3g to include the cumulative approved rate increases in each state including all prior increases, and the inforce premium amount in each state.

Please see Attachment 3.3 in the attached file *LB-6301 VA Response Attachment (RS) 12 01 17* for the cumulative approved rate increases and inforce premium amount in each state.

4. Please provide the actual-to-expected analysis for morbidity incidence and terminations based on the current best estimate assumptions.

The Company's own morbidity experience is not fully credible. We have shown the actual to best estimate incidence rates and length of stay for the combined reinsurer's product experience in Attachments 3.4a and 3.4b respectively.

5. Please confirm that 4.5% is the average valuation interest rate for the inforce policies covered by this filing.

4.5% is the average valuation interest rate for the inforce policies covered by this filing.

Objection 4: According to your response riders will not be affected by the rate increase. Although the rate factors may not be changing, the premium for that rider will increase as a result of the change in the base rate. As a result, each of those rider form numbers should be included in the Affected Form Number column in SERFF. Please update the Rate/Rule Schedule accordingly and indicate which rider form numbers apply to each rider on the rate attachment. The rider form numbers should also be added to the Rate Request Summary.

Rider form numbers have been included in SERFF. The rate schedule has been updated to indicate which rider form numbers apply to each rider. The rider form numbers have been added to the Rate Request Summary.

Objection 5: As previously mentioned, the company intends to use forms previously approved under LFCR-130038440. In addition to LB-E-BR-VA and LB-E-NF-VA, there is another form LF-E-CNF-VA. Please confirm this form will also be used as needed.

LB-E-CNF-VA will also be used as needed, in addition to LB-E-BR-VA and LB-E-NF-VA.

Sincerely,



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Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303
Policies Issued On or After October 1, 2003
Lifetime Pay Policies Only

Attachment 3.1
Demonstration that Lifetime Incurred Claims with Requested Rate Increases are
Not Less than Lifetime Earned Premium with Prescribed Factors

1 Accumulated value of initial earned premium	82,988,732	×	94%	78,177,766
2a Accumulated value of earned premium	86,693,353			
2b Accumulated value of prior premium rate schedule increases (2a-1)	3,704,621	×	85%	3,148,927
3 Present value of future projected initial earned premium	47,557,018	×	94%	44,800,075
4a Present value of future projected premium	83,641,751			
4b Present value of future projected premium in excess of the projected initial earned premiums (4a-3)	36,084,732	×	85%	30,672,023
5 Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b				156,798,791
6a Accumulated value of incurred claims without the inclusion of active life reserves				10,933,623
6b Present value of future projected incurred claims without the inclusion of active life reserves				194,555,486
7 Lifetime Incurred Claims with Rate Increase: Sum 6a and 6b				205,489,109
				TRUE

Note: Present and accumulated values in the lifetime projections are determined at the maximum valuation interest rate of 4.5%

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303
Policies Issued On or After October 1, 2003
Lifetime-Pay Policies Only

Attachment 3.1a
Nationwide Experience Projection Based On Best Estimate Assumptions

	Calendar Year	Before Proposed Increase			After Proposed Increase			at: Year End 2015	4.50% Factor 1.0450
		Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio		
Historical Experience	1998	0	0	0%	0	0	0%	17.5	2.1604
	1999	0	0	0%	0	0	0%	16.5	2.0674
	2000	0	0	0%	0	0	0%	15.5	1.9783
	2001	0	0	0%	0	0	0%	14.5	1.8932
	2002	0	0	0%	0	0	0%	13.5	1.8116
	2003	617,665	0	0%	617,665	0	0%	12.5	1.7336
	2004	4,216,459	0	0%	4,216,459	0	0%	11.5	1.6590
	2005	5,781,045	4,596	0%	5,781,045	4,596	0%	10.5	1.5875
	2006	6,134,640	1,114,759	18%	6,134,640	1,114,759	18%	9.5	1.5192
	2007	6,112,869	1,768,202	29%	6,112,869	1,768,202	29%	8.5	1.4537
	2008	5,780,820	570,269	10%	5,780,820	570,269	10%	7.5	1.3911
	2009	4,994,594	136,646	3%	4,994,594	136,646	3%	6.5	1.3312
	2010	5,108,422	177,860	3%	5,108,422	177,860	3%	5.5	1.2739
	2011	5,149,496	989,786	19%	5,149,496	989,786	19%	4.5	1.2191
	2012	4,852,976	816,772	17%	4,852,976	816,772	17%	3.5	1.1666
	2013	5,755,560	876,643	15%	5,755,560	876,643	15%	2.5	1.1163
	2014	5,676,770	698,125	12%	5,676,770	698,125	12%	1.5	1.0683
	2015	5,494,927	1,542,364	28%	5,494,927	1,542,364	28%	0.5	1.0223
Projected Future Experience	2016	5,417,290	3,093,866	57%	5,417,290	3,093,866	57%	-0.5	0.9782
	2017	5,300,376	3,628,415	68%	5,300,376	3,628,415	68%	-1.5	0.9361
	2018	5,176,289	4,238,465	82%	7,764,433	4,238,465	55%	-2.5	0.8958
	2019	5,044,532	4,924,142	98%	7,566,798	4,924,142	65%	-3.5	0.8572
	2020	4,904,752	5,681,653	116%	7,357,128	5,681,653	77%	-4.5	0.8203
	2021	4,756,101	6,506,796	137%	7,134,151	6,506,796	91%	-5.5	0.7850
	2022	4,597,369	7,403,923	161%	6,896,054	7,403,923	107%	-6.5	0.7512
	2023	4,427,788	8,358,818	189%	6,641,682	8,358,818	126%	-7.5	0.7188
	2024	4,247,009	9,349,149	220%	6,370,513	9,349,149	147%	-8.5	0.6879
	2025	4,056,681	10,362,557	255%	6,085,022	10,362,557	170%	-9.5	0.6583
	2026	3,860,210	11,392,400	295%	5,790,316	11,392,400	197%	-10.5	0.6299
	2027	3,659,381	12,424,545	340%	5,489,072	12,424,545	226%	-11.5	0.6028
	2028	3,454,965	13,441,554	389%	5,182,448	13,441,554	259%	-12.5	0.5768
	2029	3,247,722	14,405,231	444%	4,871,583	14,405,231	296%	-13.5	0.5520
	2030	3,038,546	15,307,097	504%	4,557,820	15,307,097	336%	-14.5	0.5282
	2031	2,828,510	16,109,054	570%	4,242,766	16,109,054	380%	-15.5	0.5055
	2032	2,618,786	16,791,132	641%	3,928,178	16,791,132	427%	-16.5	0.4837
	2033	2,410,722	17,353,307	720%	3,616,083	17,353,307	480%	-17.5	0.4629
	2034	2,205,706	17,761,043	805%	3,308,559	17,761,043	537%	-18.5	0.4429
	2035	2,005,130	18,001,055	898%	3,007,695	18,001,055	598%	-19.5	0.4239
	2036	1,810,468	18,068,669	998%	2,715,702	18,068,669	665%	-20.5	0.4056
	2037	1,623,167	17,957,433	1106%	2,434,751	17,957,433	738%	-21.5	0.3882
	2038	1,444,530	17,650,573	1222%	2,166,795	17,650,573	815%	-22.5	0.3714
	2039	1,275,838	17,157,642	1345%	1,913,757	17,157,642	897%	-23.5	0.3554
	2040	1,118,152	16,508,947	1476%	1,677,228	16,508,947	984%	-24.5	0.3401
	2041	972,253	15,710,946	1616%	1,458,379	15,710,946	1077%	-25.5	0.3255
	2042	838,697	14,784,377	1763%	1,258,046	14,784,377	1175%	-26.5	0.3115
	2043	717,708	13,772,366	1919%	1,076,562	13,772,366	1279%	-27.5	0.2981
	2044	609,225	12,703,028	2085%	913,838	12,703,028	1390%	-28.5	0.2852
	2045	512,980	11,596,670	2261%	769,470	11,596,670	1507%	-29.5	0.2729
	2046	428,473	10,484,077	2447%	642,710	10,484,077	1631%	-30.5	0.2612
	2047	354,994	9,392,160	2646%	532,491	9,392,160	1764%	-31.5	0.2499
	2048	291,767	8,329,723	2855%	437,650	8,329,723	1903%	-32.5	0.2392
	2049	237,888	7,314,581	3075%	356,831	7,314,581	2050%	-33.5	0.2289
	2050	192,407	6,367,172	3309%	288,611	6,367,172	2206%	-34.5	0.2190
	2051	154,371	5,490,157	3556%	231,556	5,490,157	2371%	-35.5	0.2096
	2052	122,861	4,689,921	3817%	184,292	4,689,921	2545%	-36.5	0.2006
	2053	96,984	3,965,762	4089%	145,476	3,965,762	2726%	-37.5	0.1919
	2054	75,914	3,320,994	4375%	113,871	3,320,994	2916%	-38.5	0.1837
	2055	58,922	2,748,015	4664%	88,383	2,748,015	3109%	-39.5	0.1758
Interest	Past	65,676,243	8,696,022	13%	65,676,243	8,696,022	13%		
	Future	90,195,468	434,547,416	482%	129,934,369	434,547,416	334%		
	Lifetime	155,871,711	443,243,438	284%	195,610,612	443,243,438	227%		
Interest	4.50%								
	Past w/ int	86,693,353	10,933,623	13%	86,693,353	10,933,623	13%		
	Future w/ int	59,181,529	194,555,486	329%	83,641,751	194,555,486	233%		
	Lifetime w/ int	145,874,882	205,489,109	141%	170,335,103	205,489,109	121%		

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303
All Issue Years
All Pay Types

Attachment 3.1b
Nationwide Experience Projection Using Original Pricing Assumptions

	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	at: Year End 2015	4.50% Factor 1.0450
Historical Experience	1998	1,349,020	8,382	1%	17.5	2.1604
	1999	10,887,923	109,922	1%	16.5	2.0674
	2000	24,773,674	385,003	2%	15.5	1.9783
	2001	41,488,254	970,972	2%	14.5	1.8932
	2002	65,702,166	2,065,187	3%	13.5	1.8116
	2003	85,875,098	3,823,867	4%	12.5	1.7336
	2004	72,606,687	6,185,253	9%	11.5	1.6590
	2005	71,865,748	9,003,458	13%	10.5	1.5875
	2006	69,897,991	11,942,901	17%	9.5	1.5192
	2007	66,824,500	14,751,435	22%	8.5	1.4537
	2008	63,734,015	17,222,520	27%	7.5	1.3911
	2009	58,818,705	19,136,778	33%	6.5	1.3312
	2010	52,147,275	20,922,487	40%	5.5	1.2739
	2011	44,171,867	22,765,739	52%	4.5	1.2191
	2012	34,526,427	24,695,143	72%	3.5	1.1666
Projected Future Experience	2013	24,227,885	26,823,719	111%	2.5	1.1163
	2014	21,498,129	29,183,673	136%	1.5	1.0683
	2015	19,201,180	31,681,118	165%	0.5	1.0223
	2016	17,091,552	34,257,503	200%	-0.5	0.9782
	2017	15,606,391	36,888,455	236%	-1.5	0.9361
	2018	14,158,932	39,550,830	279%	-2.5	0.8958
	2019	12,780,773	42,252,043	331%	-3.5	0.8572
	2020	11,493,042	45,021,983	392%	-4.5	0.8203
	2021	10,298,288	47,855,651	465%	-5.5	0.7850
	2022	9,196,354	50,727,889	552%	-6.5	0.7512
	2023	8,183,425	53,590,096	655%	-7.5	0.7188
	2024	7,255,211	56,397,564	777%	-8.5	0.6879
	2025	6,407,342	59,115,074	923%	-9.5	0.6583
	2026	5,635,638	61,704,150	1095%	-10.5	0.6299
	2027	4,935,811	64,087,648	1298%	-11.5	0.6028
	2028	4,303,657	66,188,016	1538%	-12.5	0.5768
	2029	3,735,035	67,976,849	1820%	-13.5	0.5520
	2030	3,225,912	69,435,197	2152%	-14.5	0.5282
	2031	2,772,283	70,488,324	2543%	-15.5	0.5055
	2032	2,370,150	71,107,382	3000%	-16.5	0.4837
	2033	2,015,582	71,290,615	3537%	-17.5	0.4629
	2034	1,704,693	71,038,050	4167%	-18.5	0.4429
	2035	1,433,893	70,360,192	4907%	-19.5	0.4239
	2036	1,200,701	69,269,379	5769%	-20.5	0.4056
	2037	1,002,462	67,798,278	6763%	-21.5	0.3882
	2038	835,748	65,948,459	7891%	-22.5	0.3714
	2039	698,847	63,784,248	9127%	-23.5	0.3554
	2040	588,515	61,403,303	10434%	-24.5	0.3401
	2041	497,729	58,779,284	11809%	-25.5	0.3255
	2042	420,675	55,881,120	13284%	-26.5	0.3115
	2043	354,304	52,755,598	14890%	-27.5	0.2981
	2044	296,743	49,464,130	16669%	-28.5	0.2852
	2045	246,997	46,076,984	18655%	-29.5	0.2729
	2046	204,313	42,631,742	20866%	-30.5	0.2612
	2047	167,963	39,173,534	23323%	-31.5	0.2499
	2048	137,219	35,748,244	26052%	-32.5	0.2392
	2049	111,391	32,410,855	29096%	-33.5	0.2289
	2050	89,858	29,191,006	32486%	-34.5	0.2190
	2051	72,043	26,095,646	36222%	-35.5	0.2096
	2052	57,425	23,156,556	40325%	-36.5	0.2006
	2053	45,500	20,412,135	44862%	-37.5	0.1919
	2054	35,836	17,867,483	49859%	-38.5	0.1837
	2055	28,063	15,539,449	55374%	-39.5	0.1758
Interest	Past	829,596,546	241,677,556	29%		
	Future	151,696,296	2,022,720,946	1333%		
	Lifetime	981,292,842	2,264,398,502	231%		
	4.50%					
	Past w/ int	1,255,915,624	303,512,887	24%		
	Future w/ int	114,502,009	987,459,830	862%		
	Lifetime w/ int	1,370,417,633	1,290,972,716	94%		

Lincoln Benefit Life Company
Policy Form: LB-6301, LB-6302, LB-6303
Lifetime-Pay Policies Only

Attachment 3.3
Rate Increase Status

State	Filing Status	Disposition Date	1st Increase	2nd Increase	Proposed Increase	Approved Increase	Cumulative Increase	2016 Inforce Premium
Alaska	No Filing Required		36%	25%	35%	35%	129%	112,516
Alabama	Approved	2/3/2016	18%	25%	50%	20%	77%	823,357
Arkansas	Disapproved	10/2/2015	23%	0%	50%	0%	23%	229,396
Arizona	Approved	5/26/2017	15%	25%	50%	30%	87%	594,685
California (Pre-7/1/02)	To be filed		41%	15%	50%		62%	2,606,641
California (Post-7/1/02)	To be filed		34%	0%	50%		34%	7,119,170
Colorado	Approved	3/1/2017	39%	25%	35%	35%	134%	726,412
Connecticut	Approved	12/20/2016	0%	0%	50%	26%	26%	122,442
District of Columbia	Not Filed		0%	0%			0%	18,263
Delaware	Approved	4/5/2016	21%	15%	50%	21%	68%	48,409
Florida	Pending		0%	0%	50%		0%	3,077,008
Georgia	Approved	10/22/2015	15%	10%	50%	12%	41%	1,857,386
Hawaii	Pending		26%	33%	35%		68%	552,962
Iowa	Approved	12/22/2015	14%	15%	50%	29%	70%	575,554
Idaho	Approved	1/14/2016	28%	16%	50%	35%	100%	196,870
Illinois	Approved	11/7/2016	38%	25%	35%	35%	132%	1,167,044
Indiana	Disapproved	12/7/2015	15%	0%	50%	0%	15%	449,918
Kansas	Approved	10/16/2015	40%	10%	50%	50%	131%	1,978,520
Kentucky	Approved	8/12/2015	32%	25%	35%	15%	90%	280,390
Louisiana	Approved	11/4/2015	35%	25%	35%	25%	112%	932,564
Massachusetts	Approved	9/7/2017	42%	0%	50%	30%	85%	729,836
Maryland	Approved	4/5/2016	15%	15%	50%	15%	52%	888,185
Maine	To be filed		40%	12%	50%		56%	14,532
Michigan	Approved	7/7/2015	36%	25%	35%	35%	130%	905,378
Minnesota	Approved	3/11/2016	28%	0%	50%	52%	95%	474,216
Missouri	Approved	6/11/2015	38%	25%	35%	35%	133%	1,026,605
Mississippi	Approved	8/31/2015	21%	25%	50%	25%	89%	260,150
Montana	Approved	9/30/2015	35%	25%	35%	4%	76%	119,348
North Carolina (Pre-2/1/03)	Approved	7/15/2015	27%	25%	35%	36%	115%	545,513
North Carolina (Post-2/1/03)	Not Filed		27%	0%			27%	109,352
North Dakota	Approved	7/30/2015	19%	15%	50%	15%	58%	171,890
Nebraska	Approved	3/23/2016	38%	10%	50%	50%	127%	853,112
New Hampshire	Approved	2/10/2017	39%	0%	50%	25%	74%	87,551
New Jersey	Approved	4/21/2017	10%	25%	50%	26%	73%	559,932
New Mexico	Disapproved	12/22/2015	36%	0%	50%	0%	36%	98,100
Nevada	Approved	5/9/2017	0%	15%	50%	50%	73%	138,397
Ohio	Approved	11/29/2016	37%	15%	50%	15%	81%	849,517
Oklahoma (Pre-11/1/01)	Approved	2/1/2016	15%	15%	50%	10%	45%	81,853
Oklahoma (Post-11/1/01)	Approved	2/1/2016	0%	15%	50%	10%	27%	75,687
Oregon	Approved	3/28/2016	19%	21%	50%	50%	116%	1,597,851
Pennsylvania	Approved	12/6/2016	22%	25%	50%	20%	83%	2,346,868
Rhode Island	Pending		39%	19%	35%		65%	194,712
South Carolina	Approved	2/29/2016	33%	16%	50%	20%	84%	332,857
South Dakota	Approved	9/22/2015	35%	25%	35%	35%	128%	237,816
Tennessee	Approved	8/24/2015	36%	25%	35%	35%	130%	1,044,592
Texas (Pre-7/1/02)	Approved	11/28/2016	17%	16%	50%	50%	103%	1,185,128
Texas (Post-7/1/02)	Pending		0%	0%	50%		0%	702,340
Utah	Approved	3/17/2017	24%	0%	50%	50%	86%	157,092
Virginia (Pre-10/1/03)	Pending		37%	0%	50%		37%	1,556,020
Virginia (Post-10/1/03)	Pending		0%	25%	50%		25%	114,930
Vermont	Disapproved	8/10/2015	0%	0%	50%	0%	0%	15,374
Washington	Approved	9/30/2015	29%	25%	35%	35%	117%	1,174,457
Wisconsin	Approved	1/30/2017	19%	18%	50%	50%	110%	514,112
West Virginia	Approved	3/13/2017	30%	15%	50%	38%	107%	50,384
Wyoming	Approved	8/5/2015	27%	25%	35%	35%	115%	34,165

**Lincoln Benefit Life Company
Combined Reinsurer Product Experience**

**Attachment 3.4a
Incidence Rates Per 100**

Age	Exposure	Claim Count	Expected Claim Count	Actual / Best Estimate
40-49	159,212	45	41	109%
50-59	747,178	390	477	82%
60-69	1,303,090	1,807	3,085	59%
70-79	738,130	5,745	8,290	69%
80-89	156,694	6,362	6,331	100%
90-100	6,954	881	667	132%

**Lincoln Benefit Life Company
Combined Reinsurer Product Experience**

**Attachment 3.4b
Actual to Expected Claim Termination**

Duration	Claim Exposure*	Actual	Best Estimate	Actual to Best Estimate
1st quarter	1,330	416	389	1.07
2nd quarter	3,047	557	429	1.30
3rd quarter	2,511	234	264	0.88
4th quarter	2,212	182	160	1.14
2	7,605	1,748	1952	0.90
3	5,093	1,211	1360	0.89
4	3,419	1,082	1211	0.89
5	2,039	518	561	0.92
6	1,307	311	352	0.88
7	845	193	244	0.79
8	555	123	160	0.77
9	360	76	143	0.53
10	233	56	165	0.34
11	144	31	124	0.25
12	88	22	84	0.26
13	49	7	46	0.15
14	30	15	28	0.54
15	21	11	20	0.56
16	11	5	11	0.46
17	8	5	8	0.60
Total	30,905	6,802	7,710	0.88

*Exposure not counted when a claim in elimination period



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December 21, 2017

Janet Houser
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Lincoln Benefit Life Company (NAIC No: 65595)
Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)
SERFF Tracking Number: LFCR-130778344

Dear Ms. Houser:

Thank you for reviewing our filing. This is a response to your letter dated December 21, 2017 for the above referenced filing.

Question 1: Please identify the amount of Active Life Reserves related to these policies and include the Active Life Reserves in the determination of the anticipated future loss ratio.

Active Life Reserves as of December 31, 2015 = 56,141,417 for lifetime pay policies only.
PV of Future Earned Premiums = 65,930,430 (See Attachment 3a.1 in *LB-6301 VA Response Attachment (RS)* submitted on 10/31/2017)
PV of Future Incurred Claims = 194,555,486 (See Attachment 3a.1 in *LB-6301 VA Response Attachment (RS)* submitted on 10/31/2017)
Future Loss Ratio = $(194,555,486 - 56,141,417) / 65,930,430 = 210\%$

Question 2: Please advise if any partnership policies have been issued under any of these policy forms. If that is the case, the policyholder letter should provide a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections. Because this is a disclosure, such information should be emphasized such as by highlighting, bolding or using larger print to bring attention to this information.

No partnership policy has been issued under any of these policy forms.

Sincerely,

Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367
800-366-5463 ext. 2232
Xiaoyan.Song@LifeCareAssurance.com



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November 19, 2018

Greg Smith
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Lincoln Benefit Life Company (NAIC No: 65595)
Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)
SERFF Tracking Number: LFCR-130778344

Dear Mr. Smith:

Thank you for reviewing our filing. This is a response to your letter dated December 21, 2017 for the above referenced filing.

Objection 1: In accordance with 14VAC5-200-75 A 1, please provide a statement that plainly states that the policy may be subject to rate increases in the future.

The statement "Your policy may be subject to rate increases in the future" has been added to paragraph 2 in the customer notices (*LB-6301 VA Customer Notice CBUL & LB-6301 VA Customer Notice NF*).

Objection 2:

- **LB-6301-VA-CNF, Other, Customer Notice (Form)**
- **LB-6301-VA-NF, Notice of Coverage, Customer Notice (Form)**

If the company has intentions of using this letter for subsequent rate increases it is recommended that the percent increase figure be in brackets to allow for future use.

If this letter is to be used in the future, the reasons given for the rate increase should also be bracketed to allow for different reasons to be used.

Both the percent increase figure (paragraph 2, line 2) and the reasons for rate increase (paragraph 1, line 2-4) have been bracketed in the customer notices (*LB-6301 VA Customer Notice CBUL & LB-6301 VA Customer Notice NF*). The Statement of Variation (*Customer Notice SOV*) has been revised to include these variations.

Objection 3: Please calculate the total percentage of premiums paid over the life of these policies.

Past premiums = 73,294,093

Projected lifetime premiums = 173,775,206

Total percentage of premiums paid over the life of these policies = 42%



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Sincerely,

A handwritten signature in black ink, appearing to read "Xiaoyan Song", with a horizontal line extending from the end of the signature.

Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary
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Xiaoyan.Song@LifeCareAssurance.com



March 12, 2019

Bobby Toone
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Lincoln Benefit Life Company (NAIC No: 65595)
Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)
SERFF Tracking Number: LFCR-130778344

Dear Bobby Toone:

Thank you for reviewing our filing. This is a response to your letter dated March 8, 2019 for the above referenced filing.

Objection 1: Both Customer Notices refer to a Coverage Change Request Form. Please submit this form for approval, or provide the SERFF tracking number when this form was originally submitted for approval.

The company intends to use the same Customer Notice and Coverage Change Request Form as those submitted for SERFF filing LFCR130038440, which was for policy form LB-7000 from the same company and approved on May 11, 2017. Such intention was addressed in our response to the objection dated November 10, 2016 for this filing. Please see below for the objection question and the response we submitted for the above referenced objection:

“Objection 5: The filing has included three Policyholder notification letters in Supporting Documentation. Pursuant to 14VAC5200-75 D, these letters must be “filed” for approval. For compliance with this regulation, please move the LB-6301 VA Customer Notice CBUL and the LB-6301 VA Customer Notice NF letters to the Form Schedule. Before doing so, however, please review the policyholder letters that are currently under review under SERFF tracking # LFCR130038440. Those letters have already been through a thorough review and are near completion. They could be used to avoid repeating the review process with this filing.

The policyholder notification letters have been revised according to the guidelines provided by the state for filing #LFCR130038440. Please see attached files:

- *LB-6301 VA Customer Notice CBUL & LB-6301 VA Coverage Change CBUL* (for policyholders without nonforfeiture rider)
- *LB-6301 VA Customer Notice NF & LB-6301 VA Coverage Change NF* (for policyholders with nonforfeiture rider)
- Customer Notice SOV (statement of variations for the customer notices and coverage change forms)”

The Coverage Change Request Forms were submitted as supporting documents for SERFF filing LFCR130038440 as they were not part of the contract. We intend to treat the Coverage Change Request Form for this filing the same way as what we did for LFCR130038440. The two Coverage Change Request Forms: *LB-6301 VA Coverage Change NF* and *LB-6301 VA Coverage Change CBUL* were submitted under supporting documents when we responded to objection dated Nov 10, 2016.



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Sincerely,

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Xiaoyan Song, FSA, MAAA, FLMI, LTCP
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Lincoln Benefit Life Company
Rate Increase Filing Information
Policy Form: LB-6301-P, LB-6302-P, LB-6303-P

State	Abbreviation	1st Increase			2nd Increase			3rd Increase				Cumulative Increase				
		Effective Date	Average Effective 1st Increase ¹	2007 Annual Premium	Effective Date	Average Effective 2nd Increase	2010 Annual Premium	Initial Filing			Refilling*					
								Approval Date	Effective Date	Average Effective 3rd Increase	2015 Annual Premium		Filing Status	Date Requested	Proposed Increase	Approval Date
Alaska	AK	1/1/2008	36%	325,098	1/28/2011	25%	277,619	N/A	12/18/2015	35%	192,645	N/A				129.37%
Alabama	AL	3/7/2008	18%	2,010,865	1/28/2011	25%	1,761,364	2/3/2016	5/20/2016	20%	1,098,265	Pending	8/13/2018	30%		77.38%
Arkansas	AR	11/14/2008	23%	641,753	N/A	0%	595,791	N/A	N/A	0%	351,708	Approved	7/11/2018	50%	9/18/2018	54.12%
Arizona	AZ	5/9/2008	15%	2,118,431	11/25/2011	25%	1,921,286	5/26/2017	8/18/2017	30%	1,023,244	Pending	12/21/2018	20%		87.43%
California (LR)	CA	7/4/2008	41%	6,073,382	7/15/2016	15%	4,492,823	N/A	N/A	0%	2,556,992	N/A		N/A		61.89%
California (RS)	CA	1/29/2010	34%	13,568,420	N/A	0%	15,145,063	N/A	N/A	0%	7,252,802	N/A		N/A		34.40%
Colorado	CO	1/1/2008	39%	2,903,356	6/17/2011	25%	2,764,558	3/1/2017	5/26/2017	35% ⁶	1,388,388	N/A		N/A		134.33%
Connecticut	CT	N/A	0%	464,461	N/A	0%	405,985	12/20/2016	3/24/2017	26% ⁷	243,933	N/A		N/A		26.00%
District of Columbia	DC	N/A	0%	170,184	N/A	0%	145,035	N/A	N/A	0%	30,607	N/A		N/A		0.00%
Delaware	DE	4/17/2009	21%	99,385	7/15/2011	15%	87,398	4/5/2016	7/15/2016	21%	84,943	Approved	12/12/2018	29%	3/18/2019	116.32%
Florida	FL	N/A	0%	8,506,320	N/A	0%	6,896,646	10/29/2018	TBD	82% ¹⁹	4,253,765	N/A		N/A		82.00%
Georgia	GA	1/1/2008	15%	4,653,562	3/18/2011	10%	4,350,242	10/22/2015	1/29/2016	12%	2,626,738	Approved	7/30/2018	15%	10/30/2018	62.47%
Hawaii	HI	7/25/2008	26%	1,586,611	12/30/2011	33%	1,426,566	N/A	N/A	0%	1,024,725	N/A		N/A		67.54%
Iowa	IA	7/25/2008	14%	1,836,000	6/17/2011	15%	1,662,036	12/22/2015	4/22/2016	29% ⁸	970,873	Approved	8/28/2018	20%	12/3/2018	100.21%
Idaho	ID	1/25/2008	28%	396,114	10/7/2011	16%	355,408	1/14/2016	4/15/2016	35%	276,257	Pending	12/20/2018	15%		99.70%
Illinois	IL	8/1/2008	38%	4,350,455	9/17/2010	25%	4,186,853	11/7/2016	1/27/2017	35%	1,894,642	N/A		N/A		132.49%
Indiana	IN	9/5/2008	15%	1,155,956	N/A	0%	1,022,877	N/A	N/A	0%	630,518	Approved	12/28/2018	50%	3/6/2019	38.25%
Kansas	KS	1/4/2008	40%	8,477,113	3/18/2011	10%	7,396,606	10/16/2015	1/22/2016	50%	2,526,724	N/A		N/A		131.33%
Kentucky	KY	1/1/2008	32%	1,016,882	8/5/2011	25%	909,092	8/12/2015	11/6/2015	15%	478,707	Approved	8/14/2018	20%	11/7/2018	128.31%
Louisiana	LA	1/1/2008	35%	2,254,403	3/18/2011	25%	1,992,535	11/4/2015	2/5/2016	25%	1,148,054	Approved	8/10/2018	10%	2/1/2019	132.75%
Massachusetts	MA	11/7/2008	42%	2,125,963	N/A	0%	2,175,323	9/7/2017	1/7/2018	30% ⁹	1,117,036	N/A		N/A		84.57%
Maryland	MD	1/1/2008	15%	2,084,227	1/7/2011	15%	1,894,096	4/5/2016	7/15/2016	15%	1,077,310	Approved	8/10/2018	35%	12/6/2018	66.73%
Maine	ME	1/1/2008	40%	166,425	12/16/2011	12%	143,880	2/2/2018	6/3/2018	44% ¹⁰	69,951	N/A		N/A		124.99%
Michigan	MI	1/1/2008	36%	2,976,220	1/28/2011	25%	2,374,919	7/7/2015	10/16/2015	35%	1,373,551	N/A		N/A		129.79%
Minnesota	MN	5/16/2008	28%	1,967,548	N/A	0%	1,817,067	3/11/2016	7/1/2016	52% ¹¹	619,686	N/A		N/A		95.27%
Missouri	MO	7/18/2008	38%	4,508,432	1/28/2011	25%	4,041,834	6/11/2015	9/25/2015	35%	1,481,704	N/A		N/A		133.43%
Mississippi	MS	1/1/2008	21%	1,082,621	4/15/2011	25%	964,699	8/31/2015	1/8/2016	22% ¹²	462,448	Pending	8/31/2018	25%		84.18%
Montana	MT	3/7/2008	35%	202,110	3/18/2011	25%	214,226	9/30/2015	12/25/2015	4% ¹³	166,008	Approved	12/18/2018	30%	1/30/2019	88.23%
North Carolina (LR)	NC	7/11/2008	27%	1,304,366	7/8/2011	25%	1,291,989	7/15/2015	10/30/2015	36% ¹⁴	887,476	N/A		N/A		115.46%
North Carolina (RS)	NC	7/11/2008	27%	319,751	N/A	0%	304,278	N/A	N/A	0%	183,426	N/A		N/A		26.74%
North Dakota	ND	1/1/2008	19%	307,008	5/27/2011	15%	302,032	7/30/2015	11/6/2015	15%	212,841	Approved	8/31/2018	35%	10/23/2018	89.43%
Nebraska	NE	1/1/2008	38%	2,735,574	11/25/2011	10%	2,416,340	3/23/2016	6/17/2016	50%	1,204,598	N/A		N/A		127.16%
New Hampshire	NH	1/1/2008	39%	187,247	N/A	0%	169,383	2/10/2017	5/26/2017	25% ¹⁵	122,287	Withdrawn	12/10/2018	25%	1/9/2019	74.17%
New Jersey	NJ	7/11/2008	10%	1,286,614	12/23/2011	25%	1,281,833	4/21/2017	7/21/2017	26% ¹⁶	1,013,650	N/A		N/A		73.25%
New Mexico	NM	1/25/2008	36%	373,730	N/A	0%	330,870	N/A	N/A	0%	185,451	Approved	7/26/2018	50%	8/9/2018	55.87%
Nevada	NV	N/A	0%	553,393	6/29/2012	15%	466,464	5/9/2017	8/11/2017	50% ¹⁷	233,267	N/A		N/A		72.50%
Ohio	OH	1/1/2008	37%	3,224,234	5/27/2011	15%	2,909,469	11/29/2016	2/24/2017	15%	1,488,768	Approved	8/24/2018	15%	12/3/2018	107.68%
Oklahoma (LR)	OK	9/4/2009	15%	503,524	1/27/2012	15%	413,169	2/1/2016	5/6/2016	10%	210,028	Approved	12/7/2018	40%	2/15/2019	67.30%
Oklahoma (RS)	OK	N/A	0%	311,651	1/27/2012	15%	287,318	2/1/2016	5/6/2016	10%	108,903	Approved	12/7/2018	40%	2/15/2019	45.48%
Oregon	OR	1/1/2008	19%	2,534,326	1/1/2010	21% ³	2,584,566	3/28/2016	7/1/2016	50%	1,843,049	N/A		N/A		116.34%
Pennsylvania	PA	3/7/2008	22%	3,251,406	5/27/2011	25% ⁴	3,326,422	12/6/2016	3/3/2017	20%	2,697,960	Approved	8/30/2018	20%	12/7/2018	120.14%
Rhode Island	RI	1/25/2008	39%	998,788	8/12/2011	19%	943,811	N/A	N/A	0%	500,729	N/A		N/A		65.29%
South Carolina	SC	1/1/2008	33%	999,340	7/15/2011	16%	967,045	2/29/2016	5/27/2016	20%	615,044	Pending	8/13/2018	30%		84.02%
South Dakota	SD	1/1/2008	35%	515,720	1/28/2011	25%	543,086	9/22/2015	12/11/2015	35%	326,149	N/A		N/A		128.42%
Tennessee	TN	1/1/2008	36%	1,998,661	8/5/2011	25%	1,883,197	8/24/2015	11/13/2015	35%	1,521,052	N/A		N/A		129.71%
Texas (LR)	TX	7/11/2008	17%	1,995,271	9/9/2011	16%	1,410,099	11/28/2016	2/24/2017	50%	1,223,217	N/A		N/A		102.68%
Texas (RS)	TX	N/A	0%	4,344,304	N/A	0%	4,140,513	N/A	N/A	0%	1,576,222	Pending	1/3/2019	237.5%		0.00%
Utah	UT	2/18/2011	24%	472,786	N/A	0%	402,462	3/17/2017	6/9/2017	50%	280,698	N/A		N/A		85.76%
Virginia (LR)	VA	9/19/2008	37%	2,851,675	N/A	0%	3,074,894	N/A	N/A	0%	1,574,634	N/A		N/A		37.46%
Virginia (RS)	VA	N/A	0%	1,568,943	5/25/2012	25%	1,462,053	N/A	N/A	0%	681,195	N/A		N/A		25.00%
Vermont	VT	N/A	0%	63,128	N/A	0%	60,371	N/A	N/A	0%	18,506	Pending	7/19/2018	50%		0.00%
Washington	WA	1/1/2008	29%	2,786,103	3/18/2011	25%	2,630,162	9/30/2015	12/25/2015	35%	1,544,453	N/A		N/A		116.84%
Wisconsin	WI	5/9/2008	19%	1,971,305	9/16/2011	18%	1,824,746	1/30/2017	5/19/2017	50% ¹⁸	834,443	N/A		N/A		109.63%
West Virginia	WV	1/1/2008	30%	151,558	3/18/2011	15%	126,293	3/13/2017	6/9/2017	38% ⁵	84,101	N/A		N/A		106.50%
Wyoming	WY	1/1/2008	27%	198,468	1/28/2011	25%	172,468	8/5/2015	11/6/2015	35%	107,292	N/A		N/A		114.51%
Nationwide															86.15%	

*Reifling: For states with partial approvals, we request the remaining balance of the initially proposed rate increase request

¹The increase requested was the minimum of 55% or the NAIC trigger percentage. 35% is the effective average requested.

²No increase was filed on policies issued after Rate Stability Date

³Oregon approved two increases of 10% each

⁴Approved as two increases of 11.8%

⁵To be Implemented over two years as two 17.5% increases

⁶To be implemented in 3 years at 11.7%, 10.5% and 9.5%

⁷Approved as three increases of 8% per year

⁸To be implemented in two years at 17% and 10.26%

⁹To be implemented in 3 years at 10%, 9% and 8.5%

¹⁰To be implemented in 2 years at 15% and 25%

¹¹To be implemented over three years as three 15% increases

¹²Approved as 15% for policies without COLA, 20% for policies with Simple COLA and 25% for policies with Compound COLA

¹³4.2% approved for Comprehensive Policies, 2.1% for HCBC Policies, 0% for Nursing Only



LifeCare Assurance Company
LifeCare Administrators
21600 Oxnard Street, Suite 1500
Post Office Box 4243
Woodland Hills, CA 91367
(818) 887-4436 / Fax (818) 887-4595

April 2, 2019

Bobby Toone
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Lincoln Benefit Life Company (NAIC No: 65595)
Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)
SERFF Tracking Number: LFCR-130778344

Dear Bobby Toone:

Thank you for reviewing our filing. This is a response to your letter dated April 2, 2019 for the above referenced filing.

Objection 1:

Please provide an updated cumulative approved rate increases in each state.

An updated cumulative approved rate increases in each state is now provided. Please refer to the attached file: *LB-6301 Rate Increase History as of 04 02 19*.

Objection 2:

What would the nationwide cumulative rate increase be if all outstanding rate increase were approved?

The nationwide cumulative rate increase would be 104% assuming all outstanding rate increases were approved as requested.

Sincerely,

A handwritten signature in black ink, appearing to read "Xiaoyan Song", with a stylized flourish extending from the end.

Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367
800-366-5463 ext. 2232
Xiaoyan.Song@LifeCareAssurance.com

LINCOLN BENEFIT LIFE

October 18, 2019

John Doe
123 Main St
Anytown, USA

Notice of Premium Rate Increase

Re: **Lincoln Benefit Life Company** Long-Term Care Insurance Policy 700000001W

The purpose of this letter is to advise you that premiums are being raised on all policies like yours. The premiums originally charged for your policy were based on a number of assumptions, such as how long policyholders keep their policy in force and how frequently claims are filed. Because individuals are living longer and fewer people are terminating their coverage, more benefits will be paid than originally projected for policies like yours. As a result, premiums must be adjusted to provide sufficient funds to pay current and future claims.

The premium for your long-term care insurance policy will increase effective January 1, 2020, your next policy anniversary date. As a result, your annual premium payment will increase by 50%, from \$1,000.00 to \$1,500.00, beginning with the premium payment that is due January 1, 2020. As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below. Your policy may be subject to further rate increases in the future, in which case we will make available similar options to mitigate the effect of an increase on your premiums. You may request a reduction in your policy benefits at any time.

[If you have qualified for Waiver of Premium, your premiums will continue to be waived at the higher amount. Should premiums again become due on your policy, your billing notice will reflect the increased premium. We will also provide you with an opportunity to discuss the following options available to you that may help offset the increase in premium.]

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Lincoln Benefit Life Company remains committed to meeting your long-term care protection needs. The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of

LB-6301-VA-CNF

Insurance's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>. In the event of any premium rate increase, you have the right to a revised premium rate or rate schedule. Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. **Some of these options may not be of equal value.** Before you adjust your benefits or decide to forgo this coverage completely, you should discuss options with your financial advisor. Please keep in mind if you reduce your benefits, you may be unable to increase them in the future.

- **Benefit Reduction:** By reducing your daily maximum benefit from \$120.00 to \$80.00, your annual premium would be \$1,000.00. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- **Benefit Adjustment:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period or removing certain riders included with your policy. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit. For more information on these options, please contact our customer service associates at 888-503-8110.
- **Contingent Benefit Upon Lapse Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, Lincoln Benefit Life is offering a non-payment option to our long-term care customers. Under this option, if you choose not to pay any future premiums, instead of your policy lapsing and providing no future coverage, it will continue under its current terms, but benefits payable under the policy will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date. All benefits paid by the insurer while the policy is in premium paying status and in the paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact. Additionally, you have the right to request a revised premium rate or rate schedule for your policy.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by December 2, 2019. In doing so,

you will ensure your requested changes are processed prior to January 1, 2020, the date on which the premium increase for your policy takes effect. If your Coverage Change Request Form is not received prior to January 1, 2020, your benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy except as noted in the Contingent Benefit Upon Lapse Option as noted above.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-503-8110, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

Lincoln Benefit Life Company

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LINCOLN BENEFIT LIFE

October 18, 2019

John Doe
123 Main St
Anytown, USA

Notice of Premium Rate Increase

Re: **Lincoln Benefit Life Company** Long-Term Care Insurance Policy 700000001W

The purpose of this letter is to advise you that premiums are being raised on all policies like yours. The premiums originally charged for your policy were based on a number of assumptions, such as how long policyholders keep their policy in force and how frequently claims are filed. Because individuals are living longer and fewer people are terminating their coverage, more benefits will be paid than originally projected for policies like yours. As a result, premiums must be adjusted to provide sufficient funds to pay current and future claims.

The premium for your long-term care insurance policy will increase effective January 1, 2020, your next policy anniversary date. As a result, your annual premium payment will increase by 50%, from \$1,000.00 to \$1,500.00, beginning with the premium payment that is due January 1, 2020. As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below. Your policy may be subject to further rate increases in the future, in which case we will make available similar options to mitigate the effect of an increase on your premiums. You may request a reduction in your policy benefits at any time.

[If you have qualified for Waiver of Premium, your premiums will continue to be waived at the higher amount. Should premiums again become due on your policy, your billing notice will reflect the increased premium. We will also provide you with an opportunity to discuss the following options available to you that may help offset the increase in premium.]

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Lincoln Benefit Life Company remains committed to meeting your long-term care protection needs. The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of

LB-6301-VA-NF

Insurance's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>. In the event of any premium rate increase, you have the right to a revised premium rate or rate schedule.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. **Some of these options may not be of equal value.** Before you adjust your benefits or decide to forgo this coverage completely, you should discuss options with your financial advisor. Please keep in mind if you reduce your benefits, you may be unable to increase them in the future.

- **Benefit Reduction:** By reducing your daily maximum benefit from \$120.00 to \$80.00, your annual premium would be \$1,000.00. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- **Benefit Adjustment:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period or removing certain riders included with your policy. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit. For more information on these options, please contact our customer service associates at 888-503-8110.
- **Nonforfeiture Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, you may elect to exercise the nonforfeiture option provided by your policy. Under this option, if you choose not to pay any future premiums, your policy would lapse but coverage would continue according to the terms of your nonforfeiture rider. This option will automatically be provided if your policy lapses for non-payment of premium.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact. Additionally, you have the right to request a revised premium rate or rate schedule for your policy.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by December 2, 2019. In doing so, you will ensure your requested changes are processed prior to January 1, 2020, the date on which the premium increase for your policy takes effect. If your Coverage Change Request Form is not received prior to January 1, 2020, your benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy, except as noted in the Nonforfeiture Option as noted above.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-503-8110, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

Lincoln Benefit Life Company

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LifeCare Assurance Company
LifeCare Administrators
21600 Oxnard Street, Suite 1500
Post Office Box 4243
Woodland Hills, CA 91367
(818) 887-4436 / Fax (818) 887-4595

April 24, 2019

Bobby Toone
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Lincoln Benefit Life Company (NAIC No: 65595)
Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)
SERFF Tracking Number: LFCR-130778344

Dear Bobby Toone:

Thank you for reviewing our filing. This is a response to your letter dated April 24, 2019 for the above referenced filing.

Objection 1

LB-6301 VA RS Response Letter 10 02 18 (Supporting Document)

Comments: Please move the revised Customer Notification Letters to the Forms Schedule for continued review.

The revised Customer Notification Letters have been moved to the Forms Schedule.

Objection 2

Customer Notice (Supporting Document)

Comments: 14VAC5-100-50 2 requires that the full and proper name of the insurer shall prominently appear on the cover sheet of all policies, certificates, riders, endorsements, applications and other forms required to be submitted pursuant to §§ 38.2-316 and 38.2-3725 of the Code of Virginia. The home office address of the insurer should also be included on each form. The address may be limited to the city and state of the insurer's home office. Please revise the Policyholder Notification letters to comply with the regulation.

The Policyholder Notification letters have been revised to include the home office address of Lincoln Benefit Life Company.

Objection 3

TPA Authorization Letter (Supporting Document)

Comments: For clarity, please explain the relationship between Resolution Life, LifeCare Assurance, and Lincoln Benefit Life Company. It's unclear why a letter from Lincoln Benefit giving LifeCare authority to submit filings would be written on Resolution Life letterhead.

The existing TPA authorization letter was drafted when Lincoln Benefit Life was acquired by Resolution Life. The company has been renamed again to Lincoln Benefit Life Company. An updated TPA authorization letter with Lincoln Benefit Life letterhead has been attached. LifeCare Assurance is the third-party administrator of this block of business regardless of the changes in company name or ownership.

Objection 4**Customer Notice (Supporting Document)**

Comments: Please provide the Readability Certification for the revised Policyholder Notifications.

Please see attached files for the readability certification for the revised policyholder notifications:

- *LB-6301-VA-CNF Readability Certification* for policyholders without non-forfeiture riders
- *LB-6301-VA-NF Readability Certification* for policyholders with non-forfeiture riders

Objection 5**Customer Notice (Supporting Document)**

Comments: In compliance with 14VAC5-100-50 3, please submit a copy of each Policyholder Notification letter sufficiently completed in "John Doe" fashion to indicate how it is intended to be used.

Please see attached files for the John Doe version of the policyholder notifications:

- *LB-6301-VA-CNF (John Doe)* for policyholders without non-forfeiture riders
- *LB-6301-VA-NF (John Doe)* for policyholders with non-forfeiture riders

Sincerely,



Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367
800-366-5463 ext. 2232
Xiaoyan.Song@LifeCareAssurance.com

LINCOLN BENEFIT LIFE

[DATE]

[OWNER NAME]

[ADDRESS]

[ADDRESS]

Coverage Change Request Form

Re: Your Long-Term Care Insurance Policy [POLICY NUMBER]

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage paid envelope to:

Lincoln Benefit Life Company
Long-Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form postmarked by [Month XX, 20YY]. If your Coverage Change Request Form is not received prior to [Month XX, 20YY], your policy benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you may not be able to increase your coverage in the future.

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter. If you wish to discuss other options, please contact your agent or our office at 888-503-8110.

- ☐ Reduce my current daily benefit amount from [\$xxx.xx to \$yyy.yy] which will result in a [modal] premium of [\$zzz.zz] beginning with the premium payment which is due [Month XX, 20YY]. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- ☐ Exercise the Contingent Benefit Upon Lapse Option. I understand renewal notices will still be sent to me.

Signature of Policyholder

Date Signed

Home Office • 2940 South 84th Street, Lincoln, NE 68506-4142
Administrative Office • Post Office Box 4243, Woodland Hills, CA 91365-4243
(888) 503-8110 • Fax (818) 887-4595

LINCOLN BENEFIT LIFE

[DATE]

[OWNER NAME]

[ADDRESS]

[ADDRESS]

Coverage Change Request Form

Re: Your Long-Term Care Insurance Policy [POLICY NUMBER]

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage paid envelope to:

Lincoln Benefit Life Company
Long-Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form postmarked by [Month XX, 20YY]. If your Coverage Change Request Form is not received prior to [Month XX, 20YY], your policy benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you may not be able to increase your coverage in the future.

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter. If you wish to discuss other options, please contact your agent or our office at 888-503-8110.

- ☐ Reduce my current daily benefit amount from [\$xxx.xx to \$yyy.yy] which will result in a [modal] premium of [\$zzz.zz] beginning with the premium payment which is due [Month XX, 20YY]. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- ☐ Exercise the Nonforfeiture Option provided by my policy. I understand renewal notices will still be sent to me.

Signature of Policyholder

Date Signed

Home Office • 2940 South 84th Street, Lincoln, NE 68506-4142
Administrative Office • Post Office Box 4243, Woodland Hills, CA 91365-4243
(888) 503-8110 • Fax (818) 887-4595



May 17, 2019

Bobby Toone
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Lincoln Benefit Life Company (NAIC No: 65595)
Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)
SERFF Tracking Number: LFCR-130778344

Dear Bobby Toone:

Thank you for reviewing our filing. This is a response to your letter dated May 14, 2019 for the above referenced filing.

Objection 1

- Customer Notice SOV (Supporting Document)
- LB-6301-VA-CNF, Other, Customer Notice (Form)
- LB-6301-VA-NF, Notice of Coverage, Customer Notice (Form)

Comments:

- 1) Every field intended to be considered as variable must be bracketed and described in the statement of variability (SOV). The first several fields appearing in the forms including Date, Owners Name, Policy Number, etc., are intended to be variable. Even though these fields are self-explanatory they must be bracketed and described in the SOV.
 - 2) The SOV states that there is a variable field indicated as [XX%] that will appear in the second paragraph. Please advise if the 50% figure is that field. If so, that field should be bracketed. If not, please identify the field to which you refer.
-
- 1) The Date, Owners Name and Policy Number fields in the policyholder notification letters have been bracketed and described in the SOV.
 - 2) The 50% figure will appear in the second paragraph of the policyholder notification letters and has been bracketed in the letters.

Objection 2

- Customer Notice SOV (Supporting Document)
- LB-6301-VA-CNF, Other, Customer Notice (Form)

Comments:

As stated above, all fields intended to be variable must be bracketed. The SOV states that a section of the first paragraph is intended to be variable. Please bracket the applicable section.

The section “[The premiums originally charged for your policy...]” in the first paragraph has been bracketed.

Objection 3**- Customer Notice SOV (Supporting Document)****Comments:**

The SOV contains a reference to a Coverage Change Request Form. Since this form is not attached to this filing, please attach the referenced forms to Supporting Documentation.

The Coverage Change Request Forms have been attached to Supporting Documentation.

- *LB-6301-VA-CNF-CCR* for policyholders without non-forfeiture riders
- *LB-6301-VA-NF-CCR* for policyholders with non-forfeiture riders

Sincerely,



Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367
800-366-5463 ext. 2232
Xiaoyan.Song@LifeCareAssurance.com



LifeCare Assurance Company
LifeCare Administrators
21600 Oxnard Street, Suite 1500
Post Office Box 4243
Woodland Hills, CA 91367
(818) 887-4436 / Fax (818) 887-4595

May 31, 2019

Bobby Toone
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Lincoln Benefit Life Company (NAIC No: 65595)
Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)
SERFF Tracking Number: LFCR-130778344

Dear Bobby Toone:

Thank you for reviewing our filing. This is a response to your letter dated May 31, 2019 for the above referenced filing.

Objection 1

- Coverage Change Request Forms (Supporting Document)

Comments:

We could not determine when forms LB-6301-VA-CNF-CCR.pdf and LB-6301-VA-NF-CCR.pdf were originally approved. Please provide the SERFF tracking number under which these forms were originally submitted for approval. If they haven't been approved, please move them to the Forms Schedule for review and approval.

The Coverage Change Request Forms are not intended to be filed as policy forms. They are just a communication between the Company and policyholders. Once we receive the request from the policyholder and make the changes to the policy, we will send the following endorsements based on the selected option:

1. Endorsement LB-E-NF-VA will be sent if the nonforfeiture benefit option is exercised.
2. Endorsement LB-E-CNF-VA will be sent if the Contingent Benefit Upon Lapse option is exercised at the time of rate increase.
3. Endorsement LB-E-BR-VA will be sent if the benefit reduction is selected.

The above 3 endorsements were approved under the rate increase filing of the Company's other product LB-7000. The associated SERFF tracking number is LFCR-130038440.

Sincerely,

Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367
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Xiaoyan.Song@LifeCareAssurance.com



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Woodland Hills, CA 91367
(818) 887-4436 / Fax (818) 887-4595

June 28, 2019

Bobby Toone
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Lincoln Benefit Life Company (NAIC No: 65595)
Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)
SERFF Tracking Number: LFCR-130778344

Dear Bobby Toone:

Thank you for reviewing our filing. This is a response to your letter dated June 28, 2019 for the above referenced filing.

Objection 1

- **LB-6301-VA-CNF, Other, Customer Notice (Form)**
- **LB-6301-VA-NF, Notice of Coverage, Customer Notice (Form)**

The Bureau of Insurance does not feel the Customer Notification Letters meet the "prominence" requirement of 14VAC5-100-540 2. An acceptable option would be to have the name of the company in the first line of the letter (after the word "re") be shown in bold print.

The name of the company in the first line of the customer notice letter (after the word "re") is now in bold. For reference, this new change is highlighted in yellow in the attached customer notice letters:

- *LB-6301-VA-CNF.pdf*
- *LB-6301-VA-NF.pdf*

Sincerely,

Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367
800-366-5463 ext. 2232
Xiaoyan.Song@LifeCareAssurance.com



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LifeCare Administrators
21600 Oxnard Street, Suite 1500
Post Office Box 4243
Woodland Hills, CA 91367
(818) 887-4436 / Fax (818) 887-4595

July 24, 2019

Bobby Toone
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Lincoln Benefit Life Company (NAIC No: 65595)
Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)
SERFF Tracking Number: LFCR-130778344

Dear Bobby Toone:

Thank you for reviewing our filing. This is a response to your letter dated July 24, 2019 for the above referenced filing.

Objection 1

Since the Coverage Change Request forms are included in the policyholder letters as relevant information, please submit a John Doe version of these forms.

Please see attached files for the John Doe version of the Coverage Change Request forms:

- *LB-6301-VA-CNF-CCR (John Doe)* for policyholders without non-forfeiture riders
- *LB-6301-VA-NF-CCR (John Doe)* for policyholders with non-forfeiture riders

Sincerely,

Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367
800-366-5463 ext. 2232
Xiaoyan.Song@LifeCareAssurance.com

LINCOLN BENEFIT LIFE

October 18, 2019

John Doe
123 Main St
Anytown, USA

Coverage Change Request Form

Re: Your Long-Term Care Insurance Policy 700000001W

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage paid envelope to:

Lincoln Benefit Life Company
Long-Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form postmarked by December 2, 2019. If your Coverage Change Request Form is not received prior to January 1, 2020, your policy benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you may not be able to increase your coverage in the future.

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter. If you wish to discuss other options, please contact your agent or our office at 888-503-8110.

- ☐ Reduce my current daily benefit amount from [\$120.00 to \$80.00] which will result in an annual premium of \$1,000.00 beginning with the premium payment which is due January 1, 2020. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- ☐ Exercise the Contingent Benefit Upon Lapse Option. I understand renewal notices will still be sent to me.

Signature of Policyholder

Date Signed

Home Office • 2940 South 84th Street, Lincoln, NE 68506-4142
Administrative Office • Post Office Box 4243, Woodland Hills, CA 91365-4243
(888) 503-8110 • Fax (818) 887-4595

LINCOLN BENEFIT LIFE

October 18, 2019

John Doe
123 Main St
Anytown, USA

Coverage Change Request Form

Re: Your Long-Term Care Insurance Policy 700000001W

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage paid envelope to:

Lincoln Benefit Life Company
Long-Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form postmarked by December 2, 2019. If your Coverage Change Request Form is not received prior to January 1, 2020, your policy benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you may not be able to increase your coverage in the future.

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter. If you wish to discuss other options, please contact your agent or our office at 888-503-8110.

- ☐ Reduce my current daily benefit amount from [\$120.00 to \$80.00] which will result in an annual premium of \$1,000.00 beginning with the premium payment which is due January 1, 2020. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- ☐ Exercise the Nonforfeiture Option provided by my policy. I understand renewal notices will still be sent to me.

Signature of Policyholder

Date Signed

Home Office • 2940 South 84th Street, Lincoln, NE 68506-4142
Administrative Office • Post Office Box 4243, Woodland Hills, CA 91365-4243
(888) 503-8110 • Fax (818) 887-4595



LifeCare Assurance Company
LifeCare Administrators
21600 Oxnard Street, Suite 1500
Post Office Box 4243
Woodland Hills, CA 91367
(818) 887-4436 / Fax (818) 887-4595

July 24, 2019

Bobby Toone
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Lincoln Benefit Life Company (NAIC No: 65595)
Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)
SERFF Tracking Number: LFCR-130778344

Dear Bobby Toone:

Thank you for reviewing our filing. This is a response to your letter dated July 11, 2019 for the above referenced filing.

Objection 1

The Bureau has a concern that the requested rate increase would put Virginia notably above the national cumulative average. Our perception is that to approve your requested increase could potentially put an undue premium burden on Virginia policyholders when compared with other states. With this consideration, we ask that you consider revising your request to 40%.

As a separate point, please be aware that we also have the ability to approve implementation of a rate increase over two or three years if requested.

We understand a department might limit a rate increase due to concerns that policyholders in its jurisdiction will subsidize other jurisdictions. It may allow an increase to bring it up to the average nationwide approval level. However, this practice creates a “catch-22” problem: as more jurisdictions approve rate increases, the limiting jurisdiction will always lag behind the other jurisdictions, causing the limiting jurisdiction to be subsidized by others.

The historical cumulative VA approval is 25% for this block (RS policies issued on or after Oct 1, 2003) and the current nationwide cumulative average approval is 87%, as calculated in our latest rate increase status workbook provided to the DOI in a prior response. To get to the nationwide average, a 50% increase is needed for the RS block. Therefore, the Company is asking the state to reconsider a rate increase of 50% to be implemented in two phases (25% and 20% respectively). Please see attached file *LB-6301 VA Proposed Rates (RS)* for the proposed phase-in rate increases.

Sincerely,

Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367
800-366-5463 ext. 2232
Xiaoyan.Song@LifeCareAssurance.com



LifeCare Assurance Company
LifeCare Administrators
21600 Oxnard Street, Suite 1500
Post Office Box 4243
Woodland Hills, CA 91367
(818) 887-4436 / Fax (818) 887-4595

January 27, 2020

Bobby Toone
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Lincoln Benefit Life Company (NAIC No: 65595)
Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)
SERFF Tracking Number: LFCR-130778344

Dear Bobby Toone:

Thank you for reviewing our filing. This is a response to your letter dated January 21, 2020 for the above referenced filing.

Objection 1

- **L&H Actuarial Memorandum (Supporting Document)**

Comments:

Please provide the current national cumulative average increase, and what that average would be if all outstanding rate increase requests were approved for the full amount.

The current national cumulative average increase is 92.73%. If all outstanding rate increase requests were approved for the full amount, the cumulative average increase increases to 94.62%.

Sincerely,

Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367
800-366-5463 ext. 2232
Xiaoyan.Song@LifeCareAssurance.com

July 7, 2020

Bobby Toone
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218-1157

Re: Lincoln Benefit Life Company (NAIC No: 65595)
Policy Forms: LB-6301-P-VA(Q), LB-6301-P-VA(NQ), LB-6302-P-VA(Q), LB-6302-P-VA(NQ), LB-6303-P-VA(Q), LB-6303-P-VA(NQ)
SERFF Tracking Number: LFCR-130778344

Dear Bobby Toone:

Thank you for reviewing our filing. This is a response to your letter dated July 6, 2020 for the above referenced filing.

Objection 1

Applies To:

- **LB-6301-VA-CNF, Other, Customer Notice (Form)**
- **LB-6301-VA-NF, Notice of Coverage, Customer Notice (Form)**

Comments:

The Bureau of Insurance's website has changed. Please use the site shown here:

<https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>

The Bureau of Insurance's website has been revised on these forms as requested.

Objection 2

Applies To:

- **LB-6301-VA-CNF (John Doe) & LB-6301-VA-NF (John Doe) (Supporting Document)**

Comments:

Please submit revised "John Doe" letters to include any revisions made since the forms were initially submitted.

The "John Doe" letters have been revised to include revisions made since they were initially submitted.

Objection 3

Applies To:

- **LB-6301-VA-CNF, Other, Customer Notice (Form)**
- **LB-6301-VA-NF, Notice of Coverage, Customer Notice (Form)**

Comments:

Please remove the yellow high-lighting from both forms.

Yellow high-lighting has been removed from these forms.

Objection 4

Applies To:

- **Customer Notice SOV (Supporting Document)**

Comments:

In the section of the SOV titled First Paragraph, please expand the description to include verification that the SOV will be revised and resubmitted should different language be required.

The description in the section of the SOV titled First Paragraph has been expanded as requested.

Sincerely,

A handwritten signature in black ink, appearing to read "Xiaoyan Song", with a horizontal line extending to the right.

Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367
800-366-5463 ext. 2232
Xiaoyan.Song@LifeCareAssurance.com